

April 1947

The Psychoanalytic Review

A Journal Devoted to an
Understanding of Human Conduct

EDITED AND PUBLISHED BY

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Quarterly: \$3.00 per Volume

Single Numbers: \$1.50

Foreign: \$5.00

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ERNEST R. HILGERS PUBLISHING

100 NORTH SECOND STREET, LANCASTER, PA.

NEW YORK BRANCH: 100 WEST 40TH STREET, NEW YORK

First Number 24, Vol. 1, The First Official Issue
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3, 6, 8, 10, 17 out of Print

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THE PSYCHOANALYTIC REVIEW

A JOURNAL DEVOTED TO AN
UNDERSTANDING OF HUMAN CONDUCT

VOLUME IV

APRIL, 1917

NUMBER 2

THE SOCIAL AND SEXUAL BEHAVIOR OF INFRA- HUMAN PRIMATES WITH SOME COMPARABLE FACTS IN HUMAN BEHAVIOR.¹

BY EDWARD J. KEMPF, M.D.

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The careful analyses of a large number of psychotics, including individuals of both sexes, of every educational level and of many nationalities, have consistently shown that the most important etiological determinants of psychogenic psychoses, considered in a broad sense, are invariably sexual. Of such cases received at St. Elizabeth's Hospital, a large proportion of men and women show a striking similarity in their biological constitution, and their psychoses show a definite conformity in certain psychopathological principles. Particularly is this true of many young men received from the army and navy. The cases referred to are at present classified as dementia præcox types, to which group, as deteriorating personalities, they characteristically belong.

The psychopathological mechanisms involved in these cases and their relation to the psychoses will be discussed in another paper. The two important principles that seem to underlie each case are (1) that the individual is the host of well-developed motives, generated at the phylogenetic level, to perform certain sexual acts which he is unable to dissociate or in many instances to even control without (2) intensively developing another series of motives (at the habit level) which seem to functionate at the levels of the personality

¹ This study of the behavior of monkeys was made possible by a grant from the Carnegie Institution of Washington to Shepherd Ivory Franz, Scientific Director of St. Elizabeth's Hospital. The paper was read in part at the sixth annual meeting of the American Psychoanalytic Association.

of which he is conscious. They are organized unconsciously for the purpose of controlling or at least diverting the undesirable, otherwise unmodifiable sexual tendencies.

These sexual motives or cravings are in every instance undesirable either (1) because they are biologically unproductive in type and require what are severely, socially censured forms of stimulation of socially censured areas of receptors, or (2) because the affective needs are fixed upon some forbidden or unresponsive object.

Freud, in his *Three Contributions to the Theory of Sex*, formulated the processes of evolution of the sexual tendencies in the child and their fixation in the adult. This work gives a most acceptable foundation for further investigations into the causes of abnormal sexual tendencies. Naturally attention should also be directed to the phylogenetic determinants, as found in infrahuman primates, for such sexual phenomena as are invariably found in the genus *Homo*.

Hamilton,² influenced by his clinical experience and Freud's contributions, studied the sexual tendencies in monkeys and baboons under environmental conditions which were practically normal for these animals. My observations thoroughly corroborate his although made under unnatural environmental conditions, namely in cages. The generally misunderstood functions of erotogenesis and other affect geneses must be given consideration before psychiatrists establish conclusions about unknown, easily phrased, hereditary and constitutional deficiencies in an individual, as the cause of his psychosis.

We can no longer hold that the individual is solely responsible for his tendencies to homosexuality, autoeroticism or perverseness in his sexual life. His progenitors developed, perhaps needed such interests and we must bring about an enlightened course of sublimation of the abnormal sexual tendencies which often cause so much suffering. It is no more possible to wipe out a well-concatenated system of reflexes of such potency as the erotogenic by an ideal or moral criticism than for a Christian Science healer to evaporate the appendix with local applications of faith and new thought.

In order to obtain more insight into the phylogenetic determinants of man's social and sexual life and some knowledge of the infrahuman primates' social and sexual life, six macacus rhesus monkeys were observed for a period of eight months. The macaque is an ideal subject for observation in that it is very easy to generate in him an affective reaction (used in the sense of a desire) and watch

² G. V. Hamilton: *A Study of Sexual Tendencies in Monkeys and Baboons*. *Jour. Animal Behavior*, Vol. IV, No. V, pp. 295-318.

its influence on his behavior. His wishes in some instances are slightly but transparently disguised. In him we find man's phylogenetic determinants completely exposed.

DISTINCT DIFFERENCES IN THE PERSONALITIES OF THE MONKEYS

The personalities of the six monkeys were as distinctly different as so many people and are described here in detail so that their social and sexual adjustment to one another will be more intelligible.

For convenience the monkeys were named *A, B, C, D, E* and *F*. *A, B* and *C* were about six months old when acquired. *C* was a female. *D, E* and *F* were males who had reached sexual maturity and were capable of the complete sexual act.

A was very timid and shy. He gave way to the demands of all the others and adapted himself as best he could by any other means than that of using force. Despite the oppressions of the others and his timidity, he was a happy, fastidious little monkey. He would often chuckle with delight when he procured his food, even though it fatally revealed his success to his companions. He usually inspected his food and wiped it with his hands before eating it. When attacked by the other monkeys he invariably took refuge in flight. He was always on the alert to avoid injury by any of them and constantly *watched their features*, probably the most reliable indicator of the emotional attitude of the other monkeys, to detect the presence of hostile motives in any of them. When they were all congenial he would permit their physical contact and liked to lie on his back even with his abdomen and throat exposed to be picked over for fleas. Sometimes he showed his teeth when cornered and often squealed in anger when scratched, but he rarely fought back and when he did its occurrence was only observed in the manner of a scratch or two at *B* followed invariably by flight.

When a grown cat, and at another time a kitten, was placed in a cage with him he immediately developed a typical anxiety state, in which his agitation and behavior were very similar to the behavior of a patient in a state of anxious, agitated, depression; one who has no appetite, is afraid to sleep, constantly is in motion, wails and wrings the hands, etc., and who has a retarded stereotyped stream of self-depreciatory thought. Although the cat showed no disposition to be offensive and squatted peacefully on the floor of the cage, *A* paced continuously back and forth across the perch with hair over the shoulders erected, lips loosely protruded, mouth open, face blanched and pupils dilated. He screamed every few seconds. The

sound was rather hoarse and throaty, somewhat like the bluffing bark of his species but mingled with it was the shriek of terror note that he would utter when he expected to be seized by me. The four walls made it impossible to place a comfortable distance between himself and the cat, so he tried to keep the cat bluffed and occasionally struck at her, but rarely ever touched her. He constantly watched the cat and was always ready to avoid her if she happened to get near to him while she was nosing about to find a way out of the cage. Although *A* and the cat were together for twenty-four hours and the cat made no attempt to attack except to spit at him when he struck at her, *A*'s anxiety subsided but very little. During this period the cat ate freely, but *A* had little or no desire for food.

Once *A*, *B* and *C* were each given a small orange, probably the first they had ever seen, judging from the way they examined the fruit. All three familiarized themselves with their oranges through exposing to them all the receptors that would give them sensations of the various characteristics of the fruit; such as looking, touching, holding, smelling, biting, tasting, etc.³ *A* bit his orange first. *B* and *C* watched his experiment with keen interest. It oriented them still more. Monkeys seem to learn a great deal through imitation after they have once acquired the essential sensorimotor elements necessary for the solution of a problem in their repertoire of experience. *A* was always uneasy lest his food should be taken from him by *B* or *C*, which may explain his hurry to bite into his orange. The orange squirted into his face and he promptly dropped it. For some time afterwards timid *A* would not try to open an orange. The other monkeys quickly learned to open their oranges. *A* was always more fond of *B* than he was of any of the others. He would lose his appetite and worry when placed alone in a cage. The other monkeys would show some uneasiness when separated and call a few times but they always became quiet and adjusted in a shorter time. *A* would never threaten to attack in order to help his comrades.

B was about the size and age of *A* but very different in his reaction tendencies or disposition. Where *A* was timid, *B* was courageous and aggressive. He dominated *A* and *C*, taking food from them

³ Certain sensations or lack of sensations, that is, certain reactions of some of the receptors would often be sufficient to cause food to be dropped. For example, the lightness of a peanut shell, or when tired of peanuts, the form, color, etc., would be sufficient to cause it to be ignored even though food was wanted.

at will, and at times even competed with *D* and *E*. The larger monkeys punished him occasionally when he became too bold. *B* was very fond of *A* and sometimes allowed him to take a piece of extra food which he had laid beside him for future eating. *C* was never allowed this privilege during the observations. *B* liked to grab all the food that he possibly could and frequently sat with all four paws filled. *A* and *C* usually took one piece at a time.

When the cat was placed in the cage with *B* he at first assumed an offensive attitude but this rather quickly subsided. Unlike *A*, he did not hesitate to tear out handfuls of the cat's hair. He soon allowed the cat to pass near him and frequently tried to examine the cat's anus. At times he made sexual advances to it, smacking his lips and looking at its anus. He also assumed the sexual position in the presence of the cat as though trying to induce sexual play. This behavior also occurred with the kitten.

When *A* or *C* were taken from the cage *B* became enraged, advanced to the wires, screamed his anger, showed his teeth and threatened to attack. *B* showed no anxiety when he was being taken from the big cage.

C was about the size and age of *A* and *B* and was very much like *B* in aggressiveness and inquisitiveness. When first received *C* dominated *A* and *B*, but this relationship was permanently changed by the influence of *F*. One day while *B*, *C* and *F* were caged together *F* severely chewed *C*'s ears. *B* probably took part in this attack for on that day it was noticed that *B* took food from *C* for the first time. Although *C* had always taken food from him previous to this time, from then on she timidly gave up her food without even attempting to escape with it unless she was extremely hungry.

Like *B*, *C* was always enraged when *A* or *B* were molested and the expression of emotion was always characterized by shrill screams, exposure of the teeth and erected dorsal hair, while at the same time she advanced stiffly on all fours to the attack and in one instance made a furious assault when *A* was caught by an experimenter. *C* took food from *A*.

C never made sexual advances to the cat nor tended to be friendly. She usually punished the cat whenever opportunity afforded.

A, *B* and *C* were more fond of each other than of the large monkeys, probably because of fear of punishment by them.

D was apparently a matured male. He was usually slower to learn and slower to move than any of the others. When food was placed in the cage or held to the wire, if *D* did not punish the other

monkeys first, he rarely got his share. Neither did he often succeed in taking food from the others. He dominated all of the group except *E*. *E* alone consistently tried to take food from him. Once or twice *B* tried it when he was very hungry. *D* was more fond of *E* than any of the others and when *E* was present he tended to punish *F*, showing a reaction that might be termed jealousy because he often punished *F* when the latter approached too near to *E*.

E was the largest and strongest monkey of the six and recognized as leader of the band. His wishes were never disputed. He was very kindly disposed toward the other monkeys and rarely punished any of them except *F*. *E* forced any of the others to submit as his sexual object when it was his pleasure. When the cat was placed in his cage he promptly projected an attack of bluffing by making himself appear as large as possible. His dorsal hair was erect, he emitted deep, hoarse barks, stared threateningly and champed his teeth as he lunged forward on his rigidly extended forelegs. When the cat failed to retreat, but returned the stare and sat ready to strike back, *E* fairly outdid himself in trying to display his great strength, even to changing the sounds made by his champing teeth to grinding his molars. He never struck the cat and after a few minutes he made sexual advances to his strange visitor.

E was apparently more intelligent than the others, because he often resorted to ruses in order to snatch food from them, showing a consciousness of his motives to snatch the food and a disguise of them in order to place himself in a position where he might successfully grab the food.⁴

F, a quick, alert monkey, was very different in many of his reaction tendencies from any of the other monkeys and was not liked by any of them. They all had other favorites. He was much more cruel than the rest and delighted in punishing the three young ones. He was afraid of *E* and *D*, and usually held himself aloof from them unless they made friendly advances to him. He was quicker and seemed to learn more rapidly than *D* and *E*. Because *D* and *E* were stronger he always packed his cheek pouches before eating so as to be sure of getting sufficient food. He rarely failed to get more than his share. *F* was dominated by *E* and *D* at the food box and he dominated *A*, *B* and *C* at the food box. He often tried to force the latter to submit as sexual objects but he never was observed to try to force *D* or *E* to become his sexual objects. On the contrary he submitted for either *D* or *E* as the sexual object until either had

⁴ *E*'s method of snatching food was more fully reported in the *Journal of Philosophy, Psychology and Scientific Methods*, Vol. XIII, No. 15, p. 410.

gratified his sexual hunger. Occasionally then *D* or *E* submitted as sexual objects for him. *A*, *B*, *D* and *E* and the female *C*, played less with *F* than with each other. *F*'s sexual position was different from that of the rest in that although he occasionally assumed the characteristic sexual position, that is, the elevated buttocks and lowered chest and head, he rarely maintain it longer than necessary to induce a sexual approach from another monkey. Almost invariably he raised his shoulders and head to a full height by resting on his extended forearms, and exposed his teeth as if to bite. He never stopped watching his sexual patron. He never was observed to touch the lips of his sexual patron or object, probably because of his fear of the teeth. This compromising sexual position seemed to be the result of the activity of another motive or affective reaction besides the sexual one. This second motive was probably fear intermingled with anger because he invariably exposed his upper front teeth, drew back his ears and often uttered the shrill squeal that he and all the other monkeys uttered when frightened. The exposed front teeth expressed a warning for defensive purposes, making the aggressor more cautious. It is probable that such fear and hatred affective states, intermingled with his sexual affective state, made him the least sought sexual object and play object of the group.

If, whenever projicient-motor phenomena⁵ exhibited by an organism are observed to be similar to previous projicient-motor phenomena of that same organism, we may assume that similar, compelling affective-motor phenomena are occurring in this organism; and further hold that this is true for all similarly constructed organisms, then we have a working hypothesis as valuable to the science of behavior, psychiatry and psychology as the hypothesis that two molecules are identical in construction and function because the chemical reactions to a series of other previously identified molecules are the same, is necessary to the sciences of chemistry and physics.

Therefore, if the most habitual sexual position of all the mon-

⁵ The term projicient is here applied to the activities of the skeletal muscles and their sensorimotor nervous system. It is used because it more clearly expresses the actual function of the skeletal musculature of being used by the affective sensorimotor system to project or extend the motive into contact with the environment so that the exteroceptors may be exposed to appropriate stimuli. The affective sensorimotor system is used to apply to the whole autonomic nervous system and the visceral, circulatory and facial muscles. The facial muscles seem to have the function of affect genesis as well as projection of the affect.

keys consists of extension of the hind legs, elevation of the buttocks, lowering of the shoulders with flexion of the arms, turning of the head to face backwards and vigorous smacking of the lips, with final raising and turning back of the head so that the lips may be brought in contact with the lips of the mate, we may then assume that the monkey's affective state is such that adequate stimulation of a well-defined type is required; and that just as the behavior of the projicient-motor system is similar in several monkeys so is the behavior of the affective-motor system similar. If this behavior is expressed spontaneously before another monkey we may be sure that his affective state is such that his sexual position is compelled to the degree of its repetition, and definite stimuli are needed just as, in principle, food is needed to appease hunger, although they are not so vitally essential. If he assumes the sexual position after a beating and only maintains it momentarily, we assume that another motive is at work in the individual, and if he runs away we are safe in assuming that a defensive motive is active within him, and if during flight he shows his front teeth, draws back his ears and squeals or shrieks a shrill, piercing high pitched sound, that the motive is complicated by fear and anger which might determine his behavior to end in a defensive fight if the persecution is pushed too far.

A and *B* or *D* and *E*, when paired off in separate cages, usually assumed the sexual position for one another upon the slightest expression of desire for it by the other, and usually responded to the wishes of the one in the sexual position whenever that position was assumed.

The individual's method of expressing his desire that the other monkey should assume the sexual position was shown by a characteristic smacking of the lips, pulling upward on the hind quarters of the sexual object, touching, looking at and often smelling of the genitalia and anus of the object. If the affective-motive (desire) was slight this was all that happened. If the exposure of the visual, olfactory and tactile receptors generated more sexual affect it was manifested in the more vigorous play of the aggressor and more animated smacking of the lips. Its intensification was often further expressed by the soft voice sounds. This usually aroused like responses in the sexual object and the play continued until the summation of affect, resulting from the stimulation of most of the major receptor zones, had generated a very active sexual craving. Insertion of the penis into the anus was finally made, followed by rapid strokes and kissing of the lips until mild general convulsive move-

ments resulted. In dogs, rabbits, and sometimes in the case of *E*, it had been observed that the convulsive movements were followed by a condition not unlike a transitory functional paralysis, in that for some moments walking movements were made with apparent difficulty. The transitory functional paralysis attending a complete orgasm seems to be the ultimate reaction sought for as the erotogenic play advances from one stage to another, and after a period of rest the play begins all over again. Similar functional changes are observed to follow some forms of epileptic convulsions; and psychotics, particularly women, are fond of complaining of their exhaustion after fancied, perhaps hallucinated, sexual relations which are supposed to have occurred during sleep.

Perhaps some observations of the behavior of these monkeys will best illustrate their usual social and sexual behavior.

All the monkeys were mildly hungry when the observations reported here were made.

A, *B* and *C* were in a cage together. *E* was admitted. *E* mounted *A* immediately. *B* tried to touch *E*'s genitalia while *E* was mounted on *A*, who had assumed the sexual position for him. *E* struck at *B*'s hand and *B* moved behind *E*. *B* tried to mount *E* while *E* was still mounted upon *A*. *E* pushed *B* away. Then *B* pulled *A* away from *E* and assumed the sexual position before *E*. *E* then mounted *B*. After a few seconds *E* again mounted *A*. *B* pulled *A* away a second time and substituted himself backing up to *E*. *A* then pulled at *E*'s scrotum while *E* was mounted on *B* and *B* barked threateningly at *A* for interfering. *A* was intimidated and moved away. *B* stopped barking. Then *A* returned again. This occurred several times in a few minutes. Finally *A* refused to be intimidated by the warning barks, and *B*'s anger became intensified. Evidently *A*'s erotic state was stronger than his fear state although his cautiousness revealed the compromise. Then *B* scratched *A* viciously. *A* screamed and retired. For several minutes *A* did not take part in the play and showed little spontaneous activity. He was depressed. Later *A* again started to interfere with the sexual play of *B* and *E* and this time *E* scratched at him.

All of this time *C* isolated herself by sitting in a corner and chewed the food in her cheek pouches. When *E* pulled her out of the corner to play with her she joined in the play as long as necessary. Later *B* and *C* played with *E* but when *E* tried to pull *A* into the play *A* showed his teeth and emitted squeals of mingled anger and fear. He was still affected by the previous punishment

and he made many incoordinated movements as he climbed up and down the wire screen to escape. Incoordinated movements, as a functional disturbance, seem to result from conflicting affective-motor states that are adjusting to one another. They may result from conflicts between intense affective states such as fear or hunger, or during one dominating affective state such as fear, in the comparatively simple reflex adjustments for escape, as in trying to climb up and down the screen at the same time.

Later *B*, *C* and *E* were playing freely. Suddenly *F*, who was with *D* in another cage and watching the play, barked viciously at the players. His barking was of a characteristic kind which was always followed by an assault which frequently terminated in the sexual act. *B* instantly projected similar sharp, chattering, barking sounds at *C*. Like *F*'s, his erector spinæ muscles were tensely contracted, tail and head were slightly elevated and thrust outward. He also squinted his eyes and smacked his lips.⁶ From what followed, his motive was to divert the attention of *F* from himself to *C*, but also the sadistic punishment of *C* that followed generated a marked wave of eroticism in all the monkeys. *C* gave every evidence of panic. She screamed, exposed her teeth, turned her back and tried to escape. *B* caught her and bit her savagely. This unusually intense aggressiveness in his behavior may be explained by the fact that *B* was already the host of intensely erotic motives before this occurred, and erotic motives are always strongly aggressive.

D and *F*, who had previously been indifferent toward one another, became very active. *D* mounted *F* and vigorously attempted to copulate. *F* continued his barking. *E* caught *B* and mounted him, stopping his pursuit of *C*.

About ten minutes later *B* again started this peculiar form of assault upon *C*. This time *C* promptly projected a similar counter-attack upon *A*, diverting *B*'s attention to *A*. *A* became panicky and tried to run away. He exposed his teeth and squealed shrilly. (This panicky behavior seems identifiable with that of men and women who are hallucinating homosexual assaults.) *C* continued her threats and gradually approached *A*. *E* mounted *B*, while *C* chased *A* about the cage, scratching him. *F* and *D*, who had ceased playing, now renewed their erotic interests and mounted each other

⁶ Strikingly similar squinting of the eyes and smacking of the lips (but of course more suppressed) were observed in the homosexual advances made by two American diners to several Hawaiian serenaders in a ship's dining saloon.

in turn. *C* continued her vicious pursuit and *B* continued the same form of barking that was originally projected at *C* and probably urged her on. *B* was held by *E* and could not pursue. Then *E* released *B* and reached for *A* when he came near. Finally *E* mounted *C*. *C* promptly quit barking at *A* and *A* at once stopped running. So quickly did his behavior change upon cessation of its stimulus, *C*'s attitude, that he at once returned to *E* and *C*, as if to take part in the play. *B* assumed the sexual position beside *C* while she was mounted by *E*, evidently as an invitation to *E*. Then *A* chuckled his pleasure, uttering a series of notes identifiable with his expression of pleasure upon acquiring a favorite food.

Sadistic forms of play, such as the persecution of *C* by *B* or *A* by *C*, as shown by the sexual reactions of the other monkeys had a distinct erotic influence, perhaps an erotic value; and may be comparable to the erotic influence of bull fights, cock fights, dog fights and prize fights so popular with men.

When *D* and *F* were admitted to *A*, *B*, *C* and *E*, *F* renewed his assault upon *B*, which was so vicious that *B* screamed with terror. *B*'s defense was to seek the protection of *E* by getting behind *E* and even crawling under him. *E* struck at *F*. *E* has been seen to throw *F* off the perch to prevent him from reaching *B*. In this instance *F* finally caught *B*, who became catatonic and passively allowed *F* to manipulate him.

Monkeys will often protect their favorites from persecution by other monkeys even at the risk of severe punishment. The monkey whose protection is sought is usually the sexual favorite. *C* was observed to viciously attack *F* when *F* was punishing *B*. *B* was *C*'s favorite and she solicited his sexual interest more frequently than that of the other four.

This method of projecting a counter-attack upon another individual was a defensive procedure frequently resorted to. The projected but defensive attack was always made upon some weaker monkey, and where it could not be, or in a way in which it could not be defeated in its purpose by the victim getting too far away to distract the original persecutor. When *D* or *E* threatened *F* he would quickly, when possible, counter-attack *B*, *C* or *A*. When *B* was persecuted he would divert it upon *C* or *A*, and *C* would divert the attacks of *F* upon *A*. *A* had no weaker monkey to attack but would probably have made use of the same impulses. This valuable method of defense used by the infrahuman primate has been even more zealously developed by man in his social relations.

In every instance of defensive counter-attack by a monkey two

motives played a very active part; *fear of the persecutor*, and *anger at the threatened offense, which was projected upon a weaker individual*. It is the most characteristic defensive method of the paranoiac, who logically systemizes a counter-attack upon some object from which he will not be diverted, and pursues the charge so persistently that it not only prevents anyone from discussing the underlying complex which persecutes him, but it prevents him from becoming conscious of it. In this manner he protects himself from himself and others. In every case of paranoia fear of an unmodifiable tendency which persecutes him works in the background of his paranoid system. Daily all people substitute and disguise, counter-charge, or use polyvalent or symbolic phrases to protect themselves from the unpleasant charges and criticism of associates. The parrying value of logic in the great religious controversies, the polyvalent phrases of politicians are universal examples of this practical defensive trick which man inherited from the monkey.

THE CATATONIC ATTITUDE AS A REFLEX DEFENSIVE ADAPTATION

In the macaque the catatonic type of adaptation is a defense quite frequently used by assaulted monkeys when no other escape seems possible. *A*, *B*, *C* and *F* were observed to become catatonic at various times when intimidated by a stronger monkey.

The following observations will best illustrate the nature of such catatonic adaptations.

D and *F* were caged together. *C*, whose genitalia were swollen and bleeding, probably menstruating, was admitted. *F* began to pet her and examine her. *D* scratched at her and growled threateningly. *C* promptly fled into a corner, showed her teeth and turned her back.⁷ Then *D* reached down and pulled her out of the corner by her head. She allowed him to pull her head far to one side and passively held it in this awkward position for nearly a minute (esti-

⁷ Turning the back upon everything in the cage seemed to show that no acquisitive interests were entertained, thereby assuring complete dominance of the situation to the opponent and no tendency to conflict with his acquisitive interests. This interpretation is based upon the promptness with which the stronger monkeys force the weaker monkeys to postpone their interest in food when it is put in the cage. Threats are not projected at the monkey so long as he sits meekly in a corner with his back turned, and threats are generally stopped when the weaker monkey goes into a corner. Following such threats I have seen very hungry monkeys refuse to take food even if it touched their hands. When the monkey was only slightly hungry a threatening glance was sufficient to cause a retreat, but when his hunger was excessive actual punishment was often necessary.

mated) after *D* had abandoned her (*flexibilitas cerea*). *F* now approached and pulled her head around. She was perfectly plastic. He pulled her lips apart and examined her teeth. She continued plastic. He studied her face with much interest. Then he bit gently at her throat. Then he parted her lips again and examined her gums and teeth with his eyes and fingers. Then he slapped her several times and continued to watch her mouth. Finally *F* left her. There was apparently a certain amount of sexual satisfaction in this for her because now she raised her buttocks and held herself for further examination. *D* and *F* did not respond to this. A few minutes later *C* unhesitatingly seated herself between *D* and *F*. Then *D* took her muzzle into his mouth. *F* separated her arms while she was still seated. Then he examined with his fingers and eyes the area occupied in the male by the scrotum, and upon not finding it closely applies his nose apparently to further orient himself. He tried to lift her up so that he might examine her buttocks. She resisted the latter procedure. Even though he persisted she did not seem to be afraid and did not expose her teeth.

Catatronics experience sensory images (hallucinations) of being examined, manipulated, having eyes removed, viscera removed, bones broken, being sexually assaulted, etc., and frequently reveal afterwards that mingled fear and eroticism determined this reflex unconscious type of adjustment to the fearful yet pleasant sensations. The researches of Cannon and Crile have demonstrated that profound metabolic and functional variations occur when strong affective states are aroused. The physiological disturbances in such cases have led to inferences that probably cerebral lesions and toxemias were the cause of catatonia. The frequent abrupt abandonment by the catatonic of his attitude indicates that it is a reflex adaptation rather than of toxic or organic origin.

SEXUAL FAVORS OFFERED TO RETAIN FOOD AND PROTECTION

Sexual favors were frequently offered so as to retain possession of food. Food was occasionally shared with a sexual favorite by a stronger monkey, who at the same time refused some of it to another monkey toward whom he was sexually more indifferent. *B* would allow *A*, a sexual favorite, to take food that he had gathered, but would threaten *C* if she came near. Sexual favorites also obtained protection from assault by other monkeys and frequently sought this protection.

Observation.—*A, B, C, E* and *F* were caged together. *D* was admitted. All of the monkeys made chuckling sounds presumably expressing pleasure, for none seemed to be afraid, and the sound was almost identical to that often emitted when food is obtained which is eaten ravenously. *E* mounted *D*. *B* pulled an orange out of the food box and *D* grabbed it. *E* tried several times to grab the orange from *D* and approached *D* cautiously. *D* turned his back and assumed the sexual position. *E* mounted *D* and no longer tried to obtain the orange.

Observation.—*A, B, C* and *F* were caged together. A piece of apple was handed to *B*. *F* tried to grab it. *B* evaded *F* and then made sexual overtures to him, smacked his lips and assumed the sexual position for him, but also slyly continued to eat. *F* did not molest *B* further.

Another piece of apple was handed to *B*. *F* again tried to grab it. *B* immediately assumed the sexual position and *F* mounted *B*. Then *B* sat up before *F* and ate his apple openly and unmolested. This procedure was interesting because the sight of food held by a weaker monkey usually invited a prompt assault. Usually the weaker monkey would run away or try to hide the fact that he was holding food. Prostitution is essentially the giving of sexual favors for economic advantages and physical protection. It is interesting to note that in man so soon as the sexual favor is spontaneously offered for its true affective value, the social censorship weakens.

A series of brief mountings followed and all four monkeys associated so closely together that they were more or less in contact with one another. This very rarely happened when the sadistic *F* was present. Then *A*, who was extremely timid and fearful of *F*, grabbed *F* and tried to pull him into the sexual position and mount him. *F* then drew *A* up to him and *A* did not show the slightest apprehension, a fact which, when compared with all the observed adaptations of *A* to *F*, was remarkable.

D was then admitted and *F* mounted *D*. *A* and *B* looked on eagerly from behind *F*, lowered their heads and apparently tried to see *F*'s attempt to make an anal insertion.

Here also may be noted the excellent demonstration of *A*'s erotic acquisitive faculties when he was not obsessed by fear. The relationship of promiscuous acquisitiveness with eroticism will later be discussed more fully with examples.

THE MECHANISM OF EROTOGENESIS

The biological potency of the individual monkey, relative to the sexual act, hence reproduction of the species, is dependent upon the functions of the sexual reflexes, considering the organic constitution to be normal. *The sensorimotor sexual reflexes do not work unless the appropriate stimuli are applied.* The appropriate stimuli which will cause reactions of a frank sexual nature, in one sense, constitute quite a variety, and they vary both with the individual and his affective state. Their stimulating values shade from the subliminal to those causing maximal reactions which latter are apparently selected when obtainable. Stimuli which tend to cause maximal reactions apparently fluctuate in value, depending upon the state of sexual fatigue or affective craving and the newness of the stimuli.

In another sense, when all forms of stimuli are included that may cause some form of reflex response when permitted to play upon a certain receptor field, say forms of light stimuli playing upon the visual receptor fields, the kinds of stimuli that may cause frank sexual excitement are decidedly well defined and comparatively limited. This is true also for all other receptor fields and their forms of sexually appropriate stimuli. By such principles we can understand how a monkey's behavior, which is characteristically that of anger at a cat or snake, may quickly change to sexual excitement when it sees the cat's or snake's anus.

Much of the future work of psychiatry will be concerned with the reconstruction of the personality in the sense of shifting the values of undesirable forms of stimuli, which have become adequate for the primary sexual reflexes, to such forms and zones of receptors as meet with the approval of his race.

A, F and C, two males and a young female, though mechanically appropriate for use as sexual objects, were differentiated from *B* and *D* as less fitting, judging from the comparative infrequency of their selection by *E*. This is best explained by the probability that *E* was peculiarly sensitized, "conditioned," to react more affectively to the acquired and inherent qualities of *D* and *B* than to *A, C* and *F*. *E*, when sexually semifatigued or indifferent, as shown by his repeated but brief, futile attempts at copulation with the willing *D* or *B*, would freely expose other receptor fields to erotic forms of stimulation besides the visual. In this behavior he was like all the others. He would expose his visual and olfactory receptors to the anus and genitalia, the gustatory and visual receptors to the lips and genitalia, and the tactile receptor fields to the body and more espe-

cially the genitalia of his sexual object. He would also expose his primary erotic zones, the anus and genitalia, to manipulation. Within a brief time, varied probably according to the degree of his fatigue or the excited state of his object, he would display intense eroticism and copulate vigorously.

A patient, physically normal, was in an anxiety state because when he attempted sexual intercourse with a woman, who was otherwise personally attractive to him, he always had to visualize the face of a man (a former sexual object) to replace the face of the woman. Another patient always visualized the face of a certain type of woman whenever he attempted sexual intercourse with any woman. Still another patient, sexually indifferent at the time, resorted to oral erotic acts to arouse himself sufficiently to have sexual relations. A young soldier was admitted in a serious anxiety state because he had lost his heterosexual potency after oral sexual relations with a woman. The normal act after this experience was disagreeable. Such instances are fairly common observations in the sexual lives of men and women. Invariably they become anxious, worried, or even panicky because they try to force their erotogenic reflexes to react to socially authorized forms of stimulation when it is a functional impossibility for them to do so. Like an isolated band of male monkeys who revert to homosexual relations, groups of isolated men also normally revert to forms of homosexual relations whenever esthetic, athletic and refined interests are not strongly and consistently encouraged. This frequently occurs in prisons, asylums, and among soldiers and sailors. Too severe moral restrictions of heterosexual interests in such men is an extremely serious innovation and one that must be given the gravest consideration before the misconceptions of certain types of well-intentioned moralists are applied.

E, often, after incomplete copulation with *D* would withdraw and prostrate himself on the floor so that he could rub his penis on the boards and continue this until an emission of semen resulted, accompanied by a mild, diffuse twitching of the muscles of his trunk and limbs, and a final relaxation of his muscles. *E* was also observed to attempt masturbation while mounted upon *D* and trying to make an anal insertion. *D* has been seen to reach back and manipulate *E*'s genitalia while *E* was mounted upon him, and also manipulate his own penis as a part of the erotogenic play.

Sexual indifference may result from either the inappropriateness of the sexual object or from fatigue of the sexual sensorimotor system through excessive stimulation by a too constant object, or

when other affective disturbances are present such as anger, fear, hunger, etc.

When monkeys have lived together for several days erotogenesis does not occur through stimulation of the distance receptors (visual, auditory and olfactory) alone, but the additional stimulation of cutaneous tactile and labial tactile receptors and intensive olfactory stimulation are resorted to. This is corroborated by Hamilton's observations.

Sexual reinvigoration may promptly occur upon presentation of a new sexual object of adequate type. For example, after *D* and *E* had been caged together for several days they became sexually indifferent to one another, for little or no sexual play occurred. Then when *C* (a comparatively inappropriate sexual object) was admitted they did little more than bluff her by staring and growling at her. *C* promptly isolated herself by going into a corner. When *B* was admitted, almost immediately *E* began to play with *B*, mingling overt sexual acts with playful wrestling until the affective state was one of marked eroticism, as manifested by their persistent attempts at copulation. Hamilton has observed similar phenomena, and has reported that monkeys, when they are sexually semifatigued, expose their erotogenic receptors to intensive stimulation of an adequate nature before copulation recurs, and yet the same monkey in such a condition of sexual indifference to his companion, if allowed to have another mate, may rush into a sexual embrace with great excitement and without previous stimulation; apparently reacting to the new stimulation of his distance receptors. Similar behavior also occurs in man; such as the frequent sexual interest between social and business companions, the married man and his mistress, the married woman and her lover, and the affective indifference between many married couples. Perhaps no other features of the constitution of man has caused so much social turmoil and self-imposed distress as this phylogenetic predisposition of his affective-sensorimotor system. He likes to think of it as an impersonal thing and calls it the work of the devil, evil, immorality, the result of the sins of Adam and Eve, the wickedness of the flesh, and threatens his unruly neurones with the pains of hell fire and even castration. Hatred, anxiety, divorces, insanity, suicides, murders and social ruination commonly result from the conflicts with this phylogenetic predisposition of erotogenesis.

A sexually obsessed social system, as it is at present constituted, cannot be favorable to the biological welfare of our species. It certainly does not tolerate the biological sincerity of the individual. A

new insight and more sensible methods of sublimation than persecutory and suppressive methods are necessary if the health, happiness and efficiency of the individual are to be the three essential objectives of our social system.

In so far as the biological functions of the individual are concerned, relative to the foundations of personality, excessive sexual indulgence as well as excessive sexual suppression through subtle forms of fear, such as lie hidden in social censorship, disease, and impregnation, apparently blunts the individual's acquisitive faculties and social efficiency, whether married or single. The individual should be so trained that he will frankly consider his affective needs and tendencies. Furthermore he should be so trained that his affective needs will be of the type that frank pursuit of their acquisition will produce the kind of behavior that is most conducive to the welfare of society as a whole as well as happiness for himself.

HOMOSEXUAL AND HETEROSEXUAL TENDENCIES

Studies of animal behavior have shown that probably all animals must learn how to manipulate the environment and how to manipulate themselves. The tadpole and fish learn to swim, the frog to jump, the chick to peck, the bird to fly, the babe to nurse. Objective learning (manipulation of the environment) and subjective learning (manipulation of the self) occur through conditioning of secretion and motor reflexes, the trial and error method for the useful application of inherent capacities, and through imitation of the acquired methods of others for the development of novel sensorimotor associations, after the elementary reactions which constitute the new act have been previously acquired at different times by the individual. Apparently all learning is largely experiential, depending upon the application of inherent capacities to suit the peculiar conditions of the environment. Subjective learning is most important in the development of the personality, and it depends largely upon accident and the influence of associates. One individual may learn how to modify his affective tendencies and another individual of otherwise equal capacities may not learn this. This alone will eventually differentiate the successful man from the failure. This subjective failure may be entirely due to the psychopathological influence of a psychotic parent.

Upon the differences in inherent sexual selective tendencies McDougall says that Professor Freud "would explain the direction of the sex impulse of man toward woman by the assumption

that the male infant derives sexual pleasure from the act of sucking at his mother's breast. It is, I submit a sufficient refutation of the view to ask: How, then, does the sex instinct of woman become directed towards man? How explain the fact that homosexuality is not the rule in women?"⁸

If men are similar in their phylogenetic constitution to the male monkeys, as studied by Hamilton and myself, where the tendency towards homosexuality precedes and predominates the tendency towards heterosexuality, a condition which was not usual with the females, then McDougall's question may be answered by the observation that *males and females apparently do not begin with the same selective tendencies*. In males there is apparently an inherent predisposition to particular sexual interests which include those of a homosexual nature, as well as a predisposing selective tendency to acquire the female which has a secondary value to the homosexual interests for a certain period of years, during which time the homosexual tendencies may become fixed.

The point made by McDougall, that homosexuality is not the rule in women, may possibly be explained by the observations of Hamilton which may indicate the nature of the phylogenetic predisposition of the female. He observed that female monkeys tended to play the rôle of male to younger or weaker females and to play the rôle of female to friendly females, but, he says, "the only instance of homosexual relations between females that I could attribute to sexual desire on the part of both animals occurred when I allowed Kate to join the band. She had not had access to her daughter, Gertie, for more than a year, but as soon as she and Gertie met outdoors they rushed into an embrace, following which Gertie assumed the female position and Kate mounted her daughter. The mother made copulative movements and both animals smacked their lips and displayed marked excitement. This behavior was never repeated although the two animals were at large for several weeks."⁹

This observation is all the more interesting when it is compared with the behavior of two married women, both of whom had been pregnant several times, who were panic-stricken during the period in which they hallucinated homosexual assault by older women. The assault complained of in both instances was of the oral erotic type in which they were the sexual objects. In one instance the

⁸ McDougall, W.: *An Introduction to Social Psychology*. Eighth edition, Supplementary Chap. II, p. 398.

⁹ Hamilton: loc. cit., p. 307.

patient's mother was freely referred to during this excitement and clearly identifiable with the hallucinated image.

The sexual interests of male monkeys which have not reached the adult stage, as above indicated, are much more related to the same sex than to the opposite sex. The tendency seems to be towards an increase of interest in the opposite sex *after* the adult development has been reached, but even then the total or even a very decided abandonment of homosexual interests has not been observed. Because of its uniform occurrence during the growth of monkeys, the precedence of the homosexual stage to the heterosexual must be considered normal in the evolution of the individual. Perhaps this is partly due to competition for mates and punishment of the weaker rivals, the young males and females. The homosexual as well as the heterosexual functions appear to be developed through experience. *F* tried to find *C*'s genitalia where he found the genitalia of males. *D*, *E* and *F* were larger than *A*, *B* and *C* and had to learn how to accommodate to the stature of the smaller monkeys in order to perform the sexual act. *A*, *B* and *C* had to learn that sexual favors procured protection, food and immunity from assault. Pain and unpleasant experiences, fear and hunger inhibited the sexual interest, while pleasant conditions were conducive to free play of the sexual interests. *C*, the young female, was comparatively rarely sought as a sexual object. All five males showed much more interest in their own sex, but this may have been due to *C*'s youth. Hamilton found that regression to the homosexual interests as a rule occurred quickly upon removal of the female or with the possibility of punishment by a dominant male. This seems to be comparable in man to the homosexual who dreams of affectionate relations with his mother (a fixed, unattainable, definite, heterosexual object, and hates his dominating father).

In man the universal precedence of overt or disguised homosexual interests during the growth of the individual is recognized as normal. The gradual transfer to heterosexual interests has been found, through the analysis of a large series of men and women, to be a delicate functional procedure with a constant liability to regression to homosexual interests until a thorough heterosexual transfer is made. If, because of the absence of a heterosexual object or painful heterosexual interests and fearful experiences such as disappointment in love, fear, pain, disease, etc., regression to the preceding homosexual affections occurs, the interests tend to become unmodifiably fixed after a certain age (about thirty?). Homosexual fixation and heterosexual failure is in a large group of individuals de-

terminated by the organic constitution of the individual, but a still larger functional group of males and females, who are organically normal, have had their sexual reflexes so "conditioned" by pleasant and unpleasant experiences that, despite all conscious wishes to regulate them, they have become fixed homosexual types.

Fixation at the homosexual level in either sex is recognized as a biological failure and is the cause of, in many cases, the gravest states of anxiety, with perhaps complete wrecking of the personality or suicide. Many individuals, after they have developed a comfortable margin of heterosexual affective tendencies, when they recall their past homosexual interests, experience so much unpleasantness that they vigorously censure anything, whether scientific or not, that may influence this recall.

It is most important that psychiatrists and students of human behavior should recognize the universal occurrence of anxiety in man—observed in native Germans, Armenians, Canadians, English, French, Japanese, Austrians, Americans, Negroes and others—resulting from the conflict with an irrepressible craving to become the homosexual object when they are unable to abolish the tendency. Individuals will boastfully tell of their homosexual experiences when another man was the sexual object and yet have the most intense distress, even to committing suicide, when they become conscious of an irrepressible affective craving to become the homosexual object. One young American boastfully related his experiences with a homosexual prostitute who gave him a dollar that he might become his sexual object. Later he performed oral erotic acts upon his wife's genitalia; but when he became obsessed with an irrepressible erotic motive to become the homosexual object he committed suicide.

Some of the most profound and irrecoverable tendencies to chronic dissociations of the personality are based upon the fearful anxiety caused by complete sexual inversion. Why it is universally considered to be more "effeminate," "weak," "unmanly" or "deficient" to be the homosexual object than to be the homosexual patron seems to have its foundation farther back in the phylogenetic scale than the influence of social culture. Hamilton observed eleven monkeys at large for several weeks and never observed that a sexually mature uncastrated monkey assumed the sexual position for copulation *with a weaker fellow*. In my band of monkeys the stronger male was never observed to assume the female sexual position until he had gratified his desires. The degree of eroticism and strength as firmly determined sexual play as the degree of hunger and strength determined the acquisition of

food. Homosexual submission in monkeys seems to be a form of expressing submission to a stronger monkey's power which would necessarily imply inferiority. *A*, *B* and *C* often assumed the sexual position before a stronger monkey when he became aggressive and he would usually stop his threats. Sexual inverts tend to become decidedly submissive in voice and manner.

Probably the irrepressible sexual craving to assume the female rôle in the sexual act causes so much distress because the individual's other wishes, namely to be "manly," "strong," biologically as potent as others, are so seriously conflicted with and belied.

Hamilton observed that eunuchs, although they attempted copulation with females, would assume the sexual position for smaller and weaker males. On the other hand, he noted that in two monkeys who arrived at sexual maturity at about the same time, one would as likely assume the sexual position as the other. *E* and *D* tended to do this also, especially after several months of sexual play, but whenever *E* and *D* were apparently equally erotic *E* dominated *D*. Patients, while in the panic stage of sexual inversion, often believe that they will be castrated (rendered impotent) and forced to become the sexual object of a more powerful male (father imago).

The homosexual behavior of the infrahuman primates clearly shows that comparative inferiority, physical weakness and biological impotence are acknowledged by the sexual object in his submission to the wishes of the aggressor. This, as an inherent characteristic, may be the biological root of the grave distress shown by men and women who cannot modify their tendencies to submit themselves as homosexual objects (biologically unproductive, hence perhaps censured by the species). Furthermore the incessant anxiety when it occurs with such deficiencies apparently permits two solutions; either resignation to the tendency and indifference to the censuring social demands in order to escape anxiety, as shown by the psychogenic dement; or incessant, uncompromising striving to acquire relief from the distress of consciousness of personal biological deficiencies by winning, or demanding as in the case of the grandiose paranoiac, the acknowledgment of indebtedness from his society for some valuable social service that he fancies he has rendered. The more valuable his service and extensive the recognition, the more potent as a biological factor does he feel himself to be. Thereby he makes a psychological compensation for his biological deficiencies. Such individuals, when the anxiety from the censorship of the social self is not too severe, often make most valuable contributions to the progress of civilization.

Hamilton is inclined to believe, even though homosexual play is preferred to heterosexual play in immature males, since it is less freely indulged in after maturity and relatively more heterosexual play occurs, that in their native habitat homosexual play may be altogether abandoned after maturity. The probability that homosexuality is very essential to the macaque for the development of his sexual functions and gregarious tendencies is suggested by the fact that the five males under my observation showed so much more sexual interest in one another than in *C*, even during what seemed to be her menstrual periods when she was most erotic.

In man homosexual interests occur so universally during the growth of the individual that, if considered in relation to his phylogenetic history, they must perform a very important biological function and should be given the most careful consideration in the near future in order that we may understand their psychological significance.

Monkeys, baboons and probably apes, children and many adults of both sexes, when erotic are bisexual and ambivalent in that they may become either the sexual object or the sexual patron, depending upon the influence of the sexual companion. In either instance the individual is in reality aggressive in the sense of seeking stimuli that will neutralize his or her affective state, even to forcibly removing competitors as in the reported behavior of *B* and *A* with *E*.

SEXUAL DESIRE AND ACQUISITIVENESS

When the monkey is not hungry and is sexually fatigued his acquisitive faculties are in their lowest stages and, provided that he is not uneasy about his safety, he is contented to sit quietly in a corner and sleep. When he becomes hungry again his acquisitive faculties are concerned almost entirely with the accumulation of food in his stomach and maintenance of his safety. If he is tired of his food, peanuts for example, he quite energetically works out puzzles to obtain other food. He has been seen to draw peanuts out of the puzzle box, then drop them and try for other pieces of food that were more difficult to obtain. But after his hunger is satisfied he sits about disinterested in the little things in his environment if his sexual hunger is also appeased. It is surprising, however, how energetic he is and what tremendous curiosity he has when he is sexually hungry even though not food hungry. He investigates everything, seems to be particularly fond of holes, crevices and movable objects, and likes to play. He apparently reacts with

sexual affect to a large variety of animated objects in his environment *that do not cause fear*, such as cats, dogs, foxes, guinea-pigs, snakes, men, children, etc. All seem to be more or less appropriate stimuli for his sexual acquisitive faculties, especially if he may play with and examine them. The examination may have an erotogenic influence.

Since the social favorites of the monkey are also his sexual favorites, does it mean that his social interests are but preliminary forms of play which, if adequate, will lead to overt sexual play? Are social and sexual interests identifiable? If the term sexual is applied to all forms of play that may eventually lead to marked eroticism and overt sexual acts, it includes practically every form of behavior that may be called social except that of mutual protection, assistance in supplying food and migration.

Hamilton has not recorded, and I was unable to observe, whether or not two monkeys would rush into a sexual embrace entirely in response to stimulation of the distance receptors. It is likely that previous contact forms of stimulation and a certain degree of familiarity would be necessary. Monkeys, however, who have familiarized themselves with one another will rush into a sexual embrace in response to merely distance receptor stimulation, but such reactions have already been "conditioned" by previous forms of mutual contact stimulation. Hence, we may consider that erotogenesis depends upon certain forms of play, like *E's* performances with *D* and *B*; and upon certain affective reactions toward one another as in *A's* surprising attempt at copulation with *F* when *F* was so unusually affable, or *F's* unpopularity as a sexual object because of his fear-hatred reactions and exposed teeth. Monkeys seem to adopt one another as companions for the libidinous pleasures that they give each other.

Man has found it necessary to protect himself from himself (his sexual tendencies) in his social relations and append a rigorous taboo or censorship of all suggestions that hint too freely of overt sexual interests. It is found necessary to have chaperoned most forms of social relations, which implies that practically all such social relations are habitually associated with the sex problem and are inherently a part of the same acquisitive tendencies. A soldier, stationed for four months with several companions far out in the wilderness among snow-covered mountains, complained that the terrible loneliness was responsible for the excessive masturbation among the men. Apparently the men became instances of the reversion to autoeroticism, in which the individual becomes a self-sufficient eroto-

genic mechanism and his own sexual object in order to avoid suffering depression from the loss of an object for his affections.

F, a relatively sexually isolated monkey, was more inclined to manipulate his genitalia than the other monkeys were.

The principle of adopting favorite sexual objects is worthy of further study. Hamilton reports a female monkey who was fond of copulating with a dog and sought him out whenever he entered the yard.

When a kitten was placed in the cage with *A*, *B* and *C*, *A*, who was afraid of the kitten, continually tried to intimidate it by threatening an attack. He made practically no sexual advances to the kitten. *B*, on the other hand, was not afraid of the kitten after a few minutes of observation and soon made sexual advances, examining the kitten's anus, attempting copulation and later picking for fleas. Undoubtedly, as in the case of Hamilton's monkey who sought to be the sexual object of a dog, and the baboons who readily selected certain monkeys for sexual gratification, we observe that when baboons and monkeys find animals which do not cause fear and are satisfactory sexual objects they tend to associate with them and in a sense to adopt them.

A cat has been observed to nurse rats, hens to raise ducklings and to protect kittens; children adopt pets and become strongly attached to them, personify them, substitute them as companions and have a marked sexual interest in them. A very intelligent woman adopted a puppy to suckle her breasts after she had weaned her baby. She told her physician that she felt very affectionate toward the puppy. Shepherders, cowboys, hostlers and farmers have been known to adopt their animals for sexual purposes. Children and animals, adults and animals, and the reverse often react with eroticism at the erotic behavior of the others. Polymorphous perverse reactions are quite common in children and adults of poorly sublimated types and in some instances of otherwise highly sublimated types. Because of these facts and the adoption of nonprimates for sexual purposes by some infrahuman species, we are led to infer that primitive man's (perhaps one might say the ape-man's) acquisitive faculties relative to making companions of non-primates first resulted from efforts to gratify his sexual cravings. Later in man's phylogenetic career he became conscious of the food, work and clothing value of his pets and their offspring. He accidentally learned, after long periods of time, to gather flocks and packs, perhaps through the casual benefit which he first derived from the young naturally resulting from the breeding of his pets.

One might prefer to believe that primitive man first adopted animals and fowls for future use as food or for work. This is contrary to the usual methods of learning because every new step forward in the more intricate development of the individual is an extremely laborious, difficult process and usually results from an accidental situation incurred while trying to pursue the ordinary, habitual methods of adaptation. Children associate with their pets as personified companions for play long before they learn of their usefulness for work, hunting or food. Most of the higher animals, including apes and monkeys, kill when they wish canivorous food at the time they wish it. This is much more simple than the complicated behavior of capturing and herding for future use.

The low-grade mental defective, who has sufficient capacity to attend to the simple needs of the present, may be wholly disinterested in or incapable of spontaneously performing any acts that have no present value except in their bearing on future needs.

Because of the monkey's tremendous erotogenic capacities his acquisitions were accumulated largely through his experiences as he sought an object for his affections. Perhaps through just such omnipresent acquisitive striving were, through trial and error, acquired the sensorimotor capacities which were so admirably suited for accidental, novel, spontaneous associations and resulted in developing the faculties of imitation, discovery, imagination and creation to the present complex state found in man. The acquisitive faculties of children are often tremendously increased even to precociousness when their sexual interests are secretly aroused by objects in their environment.

OTHER SEXUAL SUBSTITUTIONS AND SEXUAL SUBLIMATION

Man is greatly dependent for his uplift upon the effective sublimation of his homosexual and heterosexual erotogenic capacities, and many of his truly fine and valuable achievements in science, art, literature, religion and his social system are fruits of this sublimation of his sexual-affective motives. Upon the other hand much of the universal element of hatred, anxiety, persecution and distrust that largely determines the present constitution of our social system results from the discomforts caused by our unintelligent persecution and suppression of our vital biological needs.

One of the most important and at present most insistent problems of psychology and psychiatry is the acquirement of insight into the sexual evolution of man, and the possible, natural methods

of sublimation and refinement of his erotogenic capacities and the healthy suppression of perverse tendencies.

By sublimation is meant the natural substitution of useful, artistic, or abstract objects for the actual object required by the affect. For example, an unmarried sculptress who desires a child and can not marry creates bronze and marble babies. The creative affect is satisfied to a comfortable degree and civilization is benefited by her artistic creations. If, however, she had not been trained to satisfy her affective cravings through her art, or some other adequate form of creative work, her persistent affective needs would eventually have either forced a socially censured motherhood or burdened society with a neurotic woman.

The easier it becomes for man to gratify his hunger, provide physical comforts and remove the causes of fear from his environment the more serious will grow the problem of sublimating his excess of libido.

CONCLUSION

In the infrahuman primates as well as in the genus *Homo*, homosexual interests predominate and normally precede heterosexual interests until the adult stage is well established. Homosexual interests occur in both sexes but are more common in the male.

The acquisition of an adequate sexual object for the affective cravings promptly proceeds if it is not inhibited by fear.

The transfer of the affective cravings from a homosexual type of object to a heterosexual object is a very delicate biological procedure and one that must not be inhibited by fear.

Reversion to homosexuality in isolated groups of males or females, such as prisoners, soldiers and sailors, normally occurs if adequate outlets for sublimation are not provided.

Submission as a homosexual object is implicated with biological inferiority in the infrahuman primate. This is probably the phylogenetic root of man's conscious, ineradicable recognition of homosexuality as a biological deficiency.

In the infrahuman primate as in man, sexual submission is practised in order to procure food (clothing), and protection.

Catatonic adaptations are reflexly practised by the infrahuman primates as well as by the human primate as a defense.

Vicious, diverting counter-attacks upon an inoffensive object are used for defensive purposes by monkeys. This is in principle comparable to the persistent, systematized counter-attack of the paranoid

type of psychotic as a defense to avoid consciousness of his biological deficiencies which persecute him.

The infrahuman primate tends to adopt a variety of animals that do not cause fear, for his sexual cravings; a step preceding the permanent adoption of animals for his affective cravings by primitive man. This principle, of sexual substitution, was probably the foundation of that tremendously important step in man's biological career, namely the subjugation of herds, packs and flocks.

Probably nothing else so much as the failure of psychiatrists to recognize the true nature of the affective needs of individuals has obscured our insight into the psychogenic psychoses and neuroses. The phylogenetic constitution of man, as we find it completely exposed in the infrahuman primate, obsesses him with what he feels to be perverse tendencies as he strives to behave in an ideally civilized manner and plunges him into the depths of despair when he fails. Psychoanalysis of the individual's personality reveals to him his repressed phylogenetic strivings as they are "conditioned" by the earlier experiences of his life and enables him to adopt an attitude of mind which reduces this conflict with his "fixed" tendencies to a minimum and may save him from anxiety, despair and a psychosis. Furthermore, as Jung has pointed out, it should assist him in synthesizing an efficient, pleasing trend of sublimation.

A PSYCHOANALYTIC STUDY OF A SEVERE CASE OF COMPULSION NEUROSIS

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(Continued from page 46)

But the obsession probably corresponded to the imaginary fulfillment of still another wish, namely, a wish for pregnancy. I have already stated that Stella's menstruation had always been irregular. During the period of her father's nocturnal ministrations, and on such occasions as she did not become unwell when she expected, she was always terrified by the thought that she was pregnant by him. (It should be added that this fear, which, of course, can be readily translated as the fulfillment of a wish, is not as absurd as it seems, for her knowledge of how impregnation is effected was at that time very vague.) A wish to be pregnant by her father as well as by others had even entered her consciousness at times, for she well remembered that she had frequently indulged in day phantasies having that as a theme and content. That the wish to be pregnant was uppermost in Stella's mind on that particular night can hardly be doubted, for Mrs. Denzer had two children the possession of which Stella greatly envied her and which she at times took pleasure in imagining were her own. An additional fact which I learned much later was that Stella was expecting to be unwell on the night the obsession appeared. But, since she had this expectation on the fateful night, her bandaging herself on retiring was not so entirely without reasonable motivation as it at first seemed. This act was in part prompted by the reflection that the flow was due to appear, and when on the morrow it had not done so, she had a sort of confirmation of the idea she had been assaulted; that is, she found herself displaying one of the symptoms of pregnancy.⁸

To sum up, then, our present knowledge of the obsession, it formed an imaginary fulfillment to two wishes, one to be assaulted

⁸ Some additional data in regard to the non-appearance of her period will be produced later.

and the other to be pregnant and to have children. The wish to be assaulted, as Stella pointed out, was not so much a desire for the act itself as a wish that through no fault of hers she would be placed in such a position that she would have nothing further to lose by illicit sexual relations. The obsession also served as a means of obtaining compensation for the loss of her father's sexual attentions and for denying herself the pleasure of marrying the young man who was then courting her. Just why she did not take advantage of this opportunity to gratify her desires in a normal way by marrying him will become clearer as we go on with the analysis.

But, before temporarily leaving the subject of this obsession, as we will have to do now, let me express a hope that no one will be hasty in judging the interpretation offered as fanciful and absurd, for at a later stage in the report of this analysis, material is to be produced, which, to my mind at least, forms most adequate and surprising confirmation.

(d) The Main Sources of Resistance against Marriage

We shall now again occupy ourselves with the theme of Stella's relations with her husband. The analysis had been in progress, if I remember correctly, between two and three months when a very serious occurrence took place. Barney, who, without my knowledge, had for some little time complained of a cough and a tendency to become easily tired, finally presented himself at a public clinic, where, after being examined, he received the depressing intelligence that he suffered from pulmonary tuberculosis. This diagnosis was soon confirmed at other clinics, and, consequently, preparations were immediately made for sending him to a sanitarium in the country.

When Stella, who for a few days had been so fully occupied that she did not present herself at the dispensary, resumed her visits and communicated to me this distressing information I was surprised to observe that there apparently was not the slightest change in her mental condition, either for the worse or for the better. One would naturally expect a crisis of this sort to have produced some exacerbation of her symptoms or, possibly, the reverse and the fact that nothing of the kind occurred immediately arrested my attention, although at the time I could think of no way of explaining it. I did arrive at an explanation, later, however, upon the basis of the facts, which I shall now present.

The first fact which upon analysis seemed to have a bearing on the question in hand was this. Stella had once told me that some-

time in the first three or four months of her coming to the clinic she had conceived the idea that I was an Irishman, and that this thought had caused her to feel a certain aversion or resistance toward me. That she did feel so surprised her considerably, for she had never before been conscious of any prejudice against the Irish; and, in addition, her reason told her that despite her peculiar feeling to the contrary, I was not Irish. I learned eventually that she first felt this aversion toward me one morning when she noticed a spot of blood on my lip, where I had cut myself in shaving. We shall defer for a moment the analysis of this peculiar idea in order to take up the presentation of another.

One day, some weeks *before* the matter of her husband's tuberculosis came up, Stella inadvertently addressed me as *Mr. Frink*. This particularly impressed me because, to the best of my recollection, in all our acquaintance of over a year she had never done so before. I immediately asked her to explain her mistake, and she replied that she could not do so, adding, however, that there came to her mind the thought of a certain Mr. Schermer. Asked for some information about this man, Stella told me that she had made his acquaintance a few days before under the following circumstances. A certain relative of her husband had had the misfortune to be arrested for the violation of some sanitary law and at the moment of our conversation was languishing in jail. Stella had been detailed to interview Mr. Schermer, the head of a certain lodge to which the incarcerated one belonged, in the hope of invoking some financial and political aid in that gentleman's behalf. Mr. Schermer had listened to Stella's representations with many expressions of sympathy, but it soon became apparent that his position in the matter could be summed up in the words, "I am sorry, but *I can't do anything.*"

Having concluded the description of her visit to Mr. Schermer, Stella paused. Urged to give further associations, she stated that there came to her mind a certain Mr. Frank, but immediately explained that this association was of no consequence, for she had thought of him merely because his name was so similar to mine.

We are accustomed to find that when two idea groups are connected by a superficial association—one of sound, for instance, as in this case—they are also connected by some deeper, more important, but concealed association. With this in mind, I asked Stella to tell me what occurred to her about Mr. Frank. And, since her association concerning Mr. Schermer had contained the

idea, "he couldn't do anything," I was not surprised when Stella told me that there had been confided to her by Mrs. Frank the information that Mr. F. was impotent. My explanation of Stella's slip of speech was, then, that she had identified me with some other individual who in some undiscovered particular resembled Mr. Frank in being sexually weak and Mr. Schermer in that he "couldn't do anything."

Now, I happened to know that at the time Stella was identifying me with both Max and Barney, for she frequently took occasion to remark that in our looks and manners she perceived many points of resemblance. But, feeling that there was some basis of identification deeper than mere similarity in appearance and manners, I asked of Stella, "Did you think Max was sexually weak?"

"I did," she replied, after a moment's hesitation.

"And do you think me so?" I continued.

"I hope you will excuse me," she replied, laughing, "but I think you are weak, too."

Upon considering this information, however, it at first did not seem to me that I had drawn such a wonderful prize, after all. I had supposed that Stella had in some way identified Max, Barney, and me; that is, that there was some unknown common factor which she ascribed to us all. The associations just recorded seemed to indicate that this was sexual weakness, and she had already told me that Barney suffered from premature ejaculation. Yet the view that she ascribed to *all three of us* some sexual weakness was difficult to accept, for by what conceivable process of reasoning could she have formed any opinion in regard to the sexual power of Max and myself? Furthermore, something in Stella's tone made me suspicious that her phrase, "sexually weak," did not comprehend all she had in mind, but merely served as a cover for something else she was not ready to betray. The phrase must have had some significance, however, for it had come up in connection with the dream already related when it was associated with the idea that she was "too strong" for her husband.

It occurred to me that sterility might be the concealed common factor, for Stella supposed her husband to be sterile and knew that I had no children. But here again arose the same difficulty. Though she might suppose two members of the triad to be sterile, how could she have formed any opinion in regard to Max in this particular?

I had, then, either to abandon my hypothesis that some repro-

ductive weakness was, in her opinion, common to the three of us, or else conclude that she had in mind some other sort of deficiency, possibly related to sex, and that it was this that she supposed to be common to Barney, Max, and me. This latter conclusion seemed to me most acceptable, for there had been a hint of this same elusive deficiency, whatever it might be, in the results of the analysis of the dream.

There came to light finally another transference phenomenon, which soon proved to be the key to a solution of the mystery. Stella began to manifest a considerable anxiety about my health. She would tell me I smoked too much, that I should spend more time in the open air, and that I should be careful about my diet. These remarks usually ended in her laughing at herself and saying that, since I was a doctor, I must think her very presumptuous in advising me on matters of health. But, in spite of this, as likely as not at the next visit she would repeat the whole performance.

This anxiety about my health might very well indicate that she suspected or feared that I had some malady of a general nature and not primarily sexual. But some essentially nonsexual illness might have, secondarily, an injurious effect upon one's potency and reproductive ability. Thus the hints that had come up to the effect that Stella thought Barney, Max, and me deficient in the sexual sphere might really have had an origin in her thinking that all three of us suffered from some physical but nonsexual malady. This supposition was supported upon analyzing Stella's peculiar thought that I was an Irishman, and furthermore the analysis of this idea disclosed what physical illness she supposed we had.

It will be remembered that her thought that I was Irish came on when she saw a spot of blood upon my lip. Blood upon the lips might well suggest hemoptysis, and, hence, tuberculosis. Now, Stella was accustomed to refer to tuberculosis as the "Con" and to a person suffering from that disease as a "Conner." But Connor is a familiar Irish name. I am thin and quite subject to colds; hence, when Stella saw a drop of blood upon my lip there could easily have started in her mind a train of thought having as its theme a question as to whether I were not a consumptive. But, if for any reason Stella had a resistance against the theme of tuberculosis, what more natural than that, if she began to suspect that I was a "Conner" in the sense of being consumptive and to feel a certain aversion to be on that account, this affect of aversion should be displaced by way of the other acceptation of the word (Connor) and

appear in her consciousness attached to the thought that I was an Irishman? In this way it becomes clear how Stella could feel a repugnance to me as being an Irishman and yet at the same time be convinced that I was not Irish.

This interpretation, I confess, might easily be regarded as rather fanciful were it not for the fact that the thought that I was Irish had such a significant starting point, viz., the spot of blood upon my lip. This, it seemed to me, placed my interpretation practically beyond question and justified my forming the hypothesis that the defect which Stella had supposed to be common to Barney, Max, and me was, in fact, pulmonary tuberculosis.

Let us now see how this hypothesis fits the facts at our command. The supposition that Stella thought—or perhaps I should say knew—that Max had tuberculosis explains, in part at least, several important things which at first were most mysterious.

The first one is the fact that, although Max appeared to be in love with Stella, he made no definite advances and did not ask her to marry him. This attitude was quite natural if he really had tuberculosis, for under such circumstances, no matter how much he cared for the young lady, he might well have hesitated either to make love to her or to ask for her hand.

Second, Stella's remark that she knew Max was not "a marrying man," which I had never been able to get her to explain satisfactorily, is now easy to explain. If she thought he had tuberculosis she would suppose that for that reason he would not intend to marry.

Third, it no longer seems utterly incomprehensible that Rose's remark concerning Max, "he'll be weak and sickly all the rest of his life," should have had such a profound effect upon Stella and have formed the starting point of an obsession. If Stella believed that Max had consumption, this remark, coming as it did from some one who had never even seen him, might well have startled Stella and filled her with a sort of superstitious dread.

Fourth, the fact which at first seemed so singular, viz., that Stella seemed to believe in Rose's prophecy that Max would be sickly all his life, no longer appears strange. If Stella believed Max had tuberculosis, she had good reason for accepting Rose's prediction that he would never be strong.

Fifth, the doubt in Stella's mind as to the advisability of marrying Max, which we concluded existed, without knowing its exact cause, we can now explain. Presumably it was her belief that Max

was tubercular that was the source of the conflict which resulted in her wishing that if she married him his life would be short.

Sixth, the idea that Stella was "too strong" for Barney, which was met with in analyzing the dream already recorded, and which, although Stella said the phrase had a sexual meaning, I thought represented some other sort of deficiency, can now be explained. The deficiency was tuberculosis, and Stella felt that she was too strong to be married to so weak a man. (Just why she was occupied with the question of *relative* strength will appear more clearly later.)

Seventh, assuming that the idea of deficiency met with in analyzing the dream really referred to Barney's being tubercular, it is possible to explain why Stella showed no particular reaction and experienced no change in her symptoms when Barney went to the clinic and the diagnosis of phthisis was made. That is, the dream occurred *only a short time after I began the analysis of her case* and if, as it seems, the weakness on Barney's part, at which the analysis of the dream hinted, was really tuberculosis, it is clear that Stella suspected Barney had this disease *when she first came to me and long before he was examined by a doctor*. This explains why the report of the doctor's findings failed to affect her—she was entirely prepared for it; the fact that her husband had tuberculosis was to her an old story, and the doctor's assertion of what she already knew of course produced no reaction.

It is clear, then, that the hypothesis that the weakness or defect which Stella apparently supposed to be common to Max, Barney, and me, was in reality tuberculosis, not only is perfectly harmonious with the facts that have been brought out, but it enables us to explain very readily many previously baffling things—things which, it seems to me, could be explained by no other hypothesis. For these reasons I felt perfectly justified in looking on it not as a mere hypothesis but as an exposition of actual fact.⁹

I therefore began to lay before Stella the explanations just set forth, with every expectation that she would at once confirm me in every point. But she did nothing of the kind. I asked her if she had ever thought me tubercular, and she admitted that such an idea had once or twice crossed her mind. She also admitted that shortly before Barney was examined she had wondered if perhaps he had

⁹ My belief was that Stella in some way knew that Max and Barney had tuberculosis—in the latter case independently of the doctor's report—and that because I am thin and have a smoker's cough she had transferred to me the idea that I too suffered from the same malady.

not some lung trouble, but in regard to Max she would make no such admission, saying, "Do you think I would have been such a fool as to want to marry him if I had suspected that he was sick?" To this I replied by calling her attention to the fact that by her own admission she *had* wanted to marry Max in spite of the fact that she supposed he would be "weak and sickly all his life." But this, instead of making her agree with me, had just the opposite effect. She at once retracted her former admissions, disagreed with everything of any sort that I undertook to tell her, and so clearly manifested an inclination to combat at all costs my attempts to explain her neurosis that I stopped without having told her all the conclusions just set forth.

But, though Stella had not confirmed me in words, I looked upon her quite obviously unreasonable opposition as an unconscious confirmation. That is, I thought that she knew me to be right, and was, in fact, surprised to find how much I had been able to learn of what she wished to conceal. Her vigorous opposition was then determined, I believed, by the fact that there were other things she did not wish to disclose, for she now felt she could be sure of keeping them from me only by disputing every conclusion I made and making no admissions whatsoever.

I explained this to her without materially decreasing her resistance however, and there followed a very long period in which I made practically no progress in the analysis of her obsessions. She had no dreams, would give but few associations, "nothing came to her mind," and she was late for every sitting. The only themes that she was always ready to talk about were the hopelessness of her case, the futility of psychoanalysis, and the impossibility of her being able to respect me either as a physician or a man after I had made against her such stupid accusations and persisted with them in such a stubborn and unreasonable manner.

All this I could readily interpret as an effort to avoid facing the perception that it was very largely her own fault that she was not getting well—that is, she endeavored to believe me and my method of treatment at fault as a defense against the perception that she herself was at fault in not doing her part by disclosing all she could.

I was soon convinced that there was something in her life that was so painful to her that she would almost rather remain sick than have it known, and on this account I would have given up the treatment had it not been for two reasons: first, the hope that in spite of her resistance I would some time find out what she was

concealing and so gratify my great curiosity as to what made her sick; and, second, that a set of anxiety hysteria symptoms came into prominence at this time and that I had no great difficulty in analyzing them. These kept up my interest and prevented me from giving up the work. I will not refer to these symptoms here, for they represent a sort of digression from the theme of the main obsession which is already long enough.

The long period of intense resistance was finally brought to an end in the following way.

Stella came one day and began immediately: "I've been awfully sick, Doctor. Last night I had a terrible attack of fear—the worst I ever had, I think."

"What were you afraid of?" I asked.

"Of the fortune teller, of course," she replied; "I thought surely I was going insane right away. I don't see how my mind can stand such terrible fear."

She went on with her usual complaints, "I'll never get well," "I'm lost," "I have no future," etc., but I interrupted her by asking: "Don't you know what made you afraid? What happened to bring on the attack?"

"That I'll nev—nothing happened—I don't know what brought on the attack," she replied.

But she did not interrupt herself soon enough to prevent my realizing that what she had started to say was, "That I'll never tell you!"

I had already become convinced that there was something of importance in Stella's life that she was concealing from me. I now had confirmation of this belief, for it seemed plain that Stella knew very well what had occasioned the severe attack she spoke of. I therefore said to her that I was sure she could explain why this attack occurred, but she insisted that this was not so and that there was nothing she could tell me. I replied that I could not believe her, and also said that, since it seemed to me that she was intentionally concealing something important, I was unwilling to do my part in the treatment any longer unless she would do hers—in short, unless she told me the cause at once I would give up the treatment, for I felt that as long as it was concealed my efforts would do her no particular good, and that for me to continue would be simply a waste of time.¹⁰

She protested that I was very unjust, that she was concealing

¹⁰ Although it had some results in this case, the use of threats is not a technical procedure that can be generally recommended.

nothing, and ended by saying, "How can you think there is anything I would keep back after all the embarrassing things I have told you?"

I replied that I was satisfied I was right, and that at any rate, right or wrong, I would no longer treat her unless the important piece of information I expected was immediately forthcoming. She knew that I meant what I said.

At this point I was called out of the room for a few minutes. When I came back she said, "Well, doctor, I've been thinking it over and I've made up my mind. I know I shouldn't take up your time unless I let you know everything. At last I'm going to tell you my secret."

"Well," I asked, "what is your secret?"

"Con," she replied, briefly; "I've had tuberculosis. I've been in two different sanitariums."

Then followed a story, which gave an entirely new insight into Stella's psychic conflicts and soon proved to be the key to the solving of many of the mysteries of her neurosis.

Stella's tuberculosis began when she was thirteen and a half years old, manifesting itself by cough, marked loss of weight, and severe and repeated hemorrhages.¹¹

The diagnosis was made by several private physicians and also at the Broadway Clinic, from where after a little delay she was sent to a sanitarium in the country. There she remained for about five months, improving considerably, but finally she ran away and returned to New York because she was "so homesick." After remaining in New York for a few months her symptoms returned to such an alarming degree that she again applied at a dispensary and was sent to a second sanitarium. In this place, which we may call Oakwood, she remained for several months and improved a great deal. But she was again overcome with homesickness and finally left the institution in spite of the fact that the doctors advised her to the contrary. Having returned home, she continued to improve, so that before long she was entirely free from symptoms, and at sixteen years of age she was able to begin work in the store, apparently in the best of health. Unfortunately, this was not the end of her trouble. Later she suffered two distinct relapses, both of which as will shortly be seen gave rise to most important problems in her

¹¹ It was on account of her lung trouble that Stella had to leave school at an early age instead of, as she stated at first, that her mother "needed her to help with the house work."

life and played a highly significant rôle in the development of her obsessions.

The history of her tuberculosis is what I referred to in the introduction as the important set of facts I was able to corroborate by outside evidence. And one of the instances of undoubted affective displacement which I had in mind was the incident which occasioned the severe attack of fear just referred to. On the day in question a nurse from the Board of Health had called at the house during Stella's absence in regard to something in connection with Barney's case. But Stella's mother who can not speak English did not understand just what was wanted and so when she told Stella about it the latter got the impression that inquiries were being made in regard to her own tubercular history. She reacted to this—a thing, as we shall see later, which might well have been the occasion for some alarm—by anxiety *not* about the tuberculosis problem but *about Kishef*. In short, she displaced her emotions from the thoughts with which they really belonged and attached them to an associated idea, the fear of the fortune teller. Just why she made this sort of displacement will be explained later.

The knowledge that Stella had had tuberculosis already begins to throw a new light on certain dark problems of her history. Thus, it is to be seen that the onset of her lung trouble coincided with that mysterious "nervous illness" in her childhood which followed the death of her beloved Aunt Ida, and in which she suffered from depression, anemia, and loss of weight. In short, it is now evident that this illness was at bottom not nervous at all, but physical. The "nervous" element in it—the depression—resulted principally from a realization of her condition and from the fact that because of the illness she had to be away from school and from her home. The anemia, loss of weight, etc., were due to the tuberculosis directly.

Nevertheless, Stella was not altogether wrong when she stated that this nervous illness was a reaction to her Aunt Ida's death, as we shall see in a moment. In the first place, Stella, after admitting that she had had tuberculosis, soon disclosed the fact that Ida had died of the same malady, instead of "from worrying about something" as she had at first alleged.

A fact of some significance is that Ida's death had followed very shortly after she and Stella had had a terrible quarrel. Stella, though extremely fond of her aunt, had nevertheless, in the heat of this quarrel, wished that Ida would die. When, then, Ida did die, Stella more than half believed that this murderous wish had killed

her. And when still later Stella found that she too had the same malady of which Ida died, she felt that this disease had come upon her as a punishment for her evil wish. This sequence of wish, wish fulfilment, and punishment no doubt had a considerable effect in fixing in Stella's mind a belief in the power and in the punishment of evil wishes, and this belief was apparently a factor in the development of the Kishef obsession.¹²

The most important consideration in connection with Stella's neurosis was not so much that she had had tuberculosis, but that people knew, or might know, that she had it. As she herself said, "I never worried so much that I had T. B.—I wasn't afraid of dying. What I did fear was that other people would find out that I was sick and that this would prevent me from getting married." In fact, when Stella first developed tuberculosis she was rather proud of it and liked the sympathy and attention it brought her. Soon, however—at least by the time she was sixteen—she took a very different view of the situation and would never admit to any one that there had been anything the matter with her, while she instructed her parents and relatives to follow her example. Her reason was, as she said, that if it were known she had once had lung trouble no one would want to marry her. Economic conditions are so strenuous in the sphere in which Stella lived that the young men cannot afford to let sentimental come before practical considerations in choosing a wife. Thus, if a girl had a tubercular history, she would not be likely to have any suitors, for, no matter how attractive she might be, none of the young men would care to marry her and run the chances of being burdened with an invalid. That this is so,

¹² The fact that Ida died of tuberculosis did not dispel Stella's belief that a wish had killed her. It was not known that Ida was tubercular until a very short time before she died; not, in fact, until after the quarrel that has been spoken of. Stella's idea was that her wish had caused Ida to become infected with tuberculosis.

There is a Jewish superstition with which Stella was familiar that in each day there is one minute during which whatever wish a person expresses will be omnipotent. When Ida died Stella thought that she had "hit the minute"—that her wish for Ida's death at the time of their quarrel had happened to come at just the fateful moment. Just which minute of any given day was the fateful one no one, according to the superstition, ever knew. On a number of occasions when she wanted something very badly Stella made the ingenious experiment of trying to wish for it every minute of the day so as to be sure to "hit" the particular minute that conferred omnipotence. Unfortunately, on every occasion she eventually went to sleep or allowed her attention to wander so that the minute theory was never conclusively proved or disproved.

Stella knew from painful experience. In more than one instance some young man who had been paying serious court to her had suddenly ceased his attentions and avoided her thereafter, while investigation revealed that the knowledge of her history, conveyed to his ears by some busybody, was the cause of his sudden change of front. In Stella's own words—which, I think, are not a great exaggeration—"Among the Jews on the East Side, it could be known of a girl that she drank, that she stole, or that she'd had a dozen illegitimate children, and she'd still have *some* chance of getting married. But if it were known she had T. B., as far as marriage is concerned she might as well be dead—if she lived for a hundred years no one would ever believe she was really strong and no one would marry her. You can't convince an East Side Jew that anyone ever recovers from tuberculosis—unless, perhaps, he has it himself."

Now, in spite of the fact that as she grew older Stella did everything in her power to conceal her tubercular history, there was always danger of its being found out, and under the most inopportune circumstances. Through her visits to various clinics and during her sojourn in the two sanatoria, she had met a great many people—patients and others—who, of course, learned that she had tuberculosis. On this account her secret was never safe and the tuberculosis problem remained a constant source of anxiety and dread because it threatened to destroy her chances of a satisfactory marriage. At the same time she rebelled against the idea of concealing her history from the man whom she would marry, as well as that of becoming a burden upon him should her lung trouble recur. These conflicts and the part they played in producing the neurosis we shall take up in the interpretation of her earlier obsession.

(e) *Analysis of the Assault Obsession.*

This obsession came on at a time of great conflict and difficulty. In the first place, Stella had recently been deprived of a source of sexual gratification through the incident which put an end to her father's nocturnal visits. From one standpoint she was glad these visits had ceased, for she no longer had to reproach herself for permitting them. But, on the other hand, she felt a certain regret, for, in spite of herself, her father was in a way more attractive to her as a sexual object than any one else she had ever known, and the pleasure of his visits was not easy to renounce. She knew, furthermore, that with merely a look or a word she could give him to under-

stand that he was welcome to resume his attentions, and that he would not long delay in taking advantage of the hint. One conflict, then, concerned her feelings for her father and the question of what her attitude towards him should be in the future. That is, on the one hand, she wanted to get completely away from his influence, while on the other she was strongly tempted to give the signal that would restore the same conditions that formerly existed.

A still greater conflict arose in another connection. The fact that she was at the time deprived of her old source of gratification, as well as her wish to break completely away from her father, predisposed her to welcome some new sexual object as a substitute for him. It so happened that such a substitute was offered. A suitor had presented himself and was highly favored by her parents. She was not in love with him, it is true, but he was a manufacturer and in most comfortable circumstances, and this was a matter to which she was by no means indifferent. It is possible that despite her strong father complex a marriage might have resulted had it not been for a complication that had arisen. Stella had begun to feel ill, to cough, and to lose weight. These symptoms gave her good reason to fear that her old tuberculosis was active again. This made the question of marriage a most perplexing one. From one standpoint, a return of her lung trouble was in itself an argument in favor of marriage, for marriage offered a most favorable opportunity for recovery from the disease. If she were to accept her suitor she would be sure of more leisure, more comforts, and better food than had ever been her lot before, or than she could obtain in any other way. And she knew that all these things, in view of her health, were of great importance. But marriage would not only give her certain advantages in the fight with disease, but would also remove her from a position of great disadvantage which she might otherwise occupy. Unless she married she would have to work, and if she kept on working her condition was almost certain to become worse, so that sooner or later she would have to give up and go to a sanitarium. This latter possibility was something she could not face. Comparatively few people knew of her first attack of tuberculosis, but, if she had to go to a sanitarium again, practically every one of her acquaintances would know it, she would be branded as a consumptive for many years to come, no matter how fully she recovered, and consequently her chances of making a suitable marriage in the future would be reduced almost to zero. But in spite of the arguments in favor of accepting her suitor there was much to be

said against such a course. In the first place she did not love the man. In the second, she was convinced that if he knew her past history, to say nothing of her present fears, he would drop her instantly. If, then, she were to marry she would have to conceal everything pertaining to her tuberculosis and to do this was most repugnant to her. Not only was she reluctant to make false pretenses in such a matter as matrimony, but, in addition to this, she would always be in danger of having her husband find out that he had been deceived, for she might develop active symptoms of the malady, or the disclosure might come about through some one who knew of her earlier attacks.

It is to be seen that her immediate problems really turned upon the question of whether or not she was really having a relapse. To be sure, she had symptoms of apparently serious import, but they did not settle the question beyond all doubt. Thus, she could say to herself, "I feel badly, it is true, but how do I *know* that this is tuberculosis? I am no doctor, so I can't be *sure*. Maybe I only imagine that I don't feel well." Under such circumstances the logical course would have been to go to a doctor and have her lungs examined. This would have settled the question immediately. If her lungs were found to be normal she could have obtained a certificate to that effect and married with a relatively clear conscience in spite of her past history. But as a matter of fact she was unwilling to have the question settled. In her inmost self she was practically certain that her lungs would not be found normal, and she was not disposed to exchange what opportunity she had of doubting the return of her malady for the cold reality of *knowing* that she had a recurrence. On the other hand, she had certain resistances against marriage which were derived from her father complex, and though of course had she been examined and pronounced normal by a physician she would have been glad, nevertheless these resistances gave her a tendency to welcome any excuse for not marrying. An excellent excuse would be removed if she were examined and her lungs found normal. As was pointed out much earlier, she had a wish to return to her former relations with her father. The fulfilment of this wish was opposed by her ethical self, but in the event of her being deprived by tuberculosis or anything else of all opportunity to marry, the wish for her father would take advantage of such a situation and make out of the deprivation an excuse for the return.

Now all these conflicts and difficulties had been in existence

before Stella's fateful visit to Mrs. Denzer's, without, however, bringing forth a neurosis. We should suppose, then, that something in this visit must have reinforced these conflicts and thus given rise to the obsession. And such was actually the case. As has already been indicated, Stella's immediate problems were, first, had she tuberculosis? and second, if she had it should she conceal it and marry in spite of her feeling that this was not honest? If some evil genius had set out to lead her into this particular kind of wrongdoing it is doubtful if he could have devised anything better suited to his purpose than simply taking her to Mrs. Denzer's at that particular time. Nowhere could he have found an argument in favor of dishonesty more subtle or better calculated to appeal to Stella than that presented by Mrs. Denzer's life. Like Stella, Mrs. Denzer had had tuberculosis as a girl—in fact, it was in a sanitarium that they became acquainted. Like Stella again, Mrs. Denzer had had a suitor—in the person of Mr. Denzer—at a time when she was none too sure of the soundness of her health and whom she felt she would lose if he knew her history or her condition. But at this point, unlike Stella, Mrs. Denzer had not hesitated. On the contrary, she had accepted him instantly and married at the earliest possible moment without giving the least hint that she had ever had trouble with her lungs. Her marriage turned out well. Thus, on the fateful evening of the obsession, Stella beheld her in possession of a nice home, a devoted husband, and two fine children, to say nothing of the best of food to keep up her strength and a competent maid to relieve her of all occasion for spending it. And when before the eyes of sick, tired, and penniless Stella there was displayed this so seductive spectacle which seemed to say to her, "If only you would be dishonest, you too might have all these things," it is not surprising that something extraordinary happened.

Let us now consider just what this happening was. What, in other words, was the relation of the obsession to Stella's various problems? It will be remembered that Stella's first fear began when Mr. Denzer and the two other men returned to the house, and that it consisted in the feeling that she must remain no longer or one of these men would assault her. As has also been said, she had no actual reason to fear these men. All three of them were attractive to her. Mr. Denzer made a great pet of her, one of the men had told Mrs. Denzer that he would like to marry Stella, and the other was a medical student of that refined type that always excited her interest. Under ordinary circumstances each might have

been expected to excite *desire* in some form, rather than fear. In fact, this was the very reason that Stella felt herself to be in danger. The situation was one which, even before the coming of the men, presented colossal temptations. The arrival of the men, all of whom were attractive to Stella, reinforced the temptations to such a degree that she was no longer sure of herself. She could scarcely avoid thinking, "Oh, if I were not so honest! If only I had no conscience, what advantages and what pleasures would be mine!" That is, if it were not for her moral inhibitions she could either enjoy the sexual, hygienic, and economic advantages of marriage after the manner of her friend, or, throwing to the winds all thought of marriage, go to a sanitarium, resolved that upon her recovery and return home she would indulge herself without limit in the erotic pleasures afforded by the paternal finger. Her fear, then, was a fear of temptation, and expressed a wish to be robbed of her virtue, and to be "dishonest" in one or both of the ways indicated.

This fear took the form of a dread of assault for two reasons. The first was that an assault would, through no fault of hers, place her in a position where she would have comparatively little to lose by further sexual activity—would, in other words, fulfil her wish to be robbed of her conscience, or as nearly so as such a wish is possible of fulfilment. The second reason was that the words "honest" and "dishonest" had for Stella a double meaning. She was accustomed to speak of a virgin as an "honest girl" (apparently a direct translation of "ehrliche Mädchen"), and thus "honest" meant to her chaste, "dishonest" signified unchaste, although these words in addition had for her the same meaning that is usually given to them. Thus her wish to be, or her fear of being, "dishonest" in the usual sense of the word—which here referred to her inclination to conceal her tuberculosis and marry under false pretenses as Mrs. Denzer had done—was represented in the focus of her consciousness as a fear of becoming dishonest in the other meaning of the term. "Dishonest" was thus a common term which expressed both types of the temptation to which she was subject.

During the night the fear that she *would become* "dishonest" changed to a feeling that she *was* "dishonest"—that she had been assaulted. This was brought about by a feeling of certainty that had come to her that she really was again suffering from tuberculosis. The absence of menstruation she had found to be a symptom, in her case at least, indicating that an active pulmonary process was going on. For several days before going to Mrs. Denzer's she

had been expecting to be unwell, and had the flow appeared she would have been relieved. When, in the morning, she awoke to find that it was still absent her fear that she had suffered a relapse changed to a conviction that such was the case and thus dispelled all expectation that she would be able to lead the life that her conscience dictated.

Stella's obsession that she was assaulted in her sleep represents, then, among other things, a downward displacement of her tuberculosis complex. Thus the fear she expressed to Rose that something "awful" had happened to her and had made her body "different" was fundamentally correct, but she located the trouble in the wrong region—in her genitals instead of her lungs. Also when she went from one doctor to another to be examined for a rupture of the hymen she was carrying out the perfectly logical impulse to go to a doctor for an examination of her *lungs*. Her wish to be examined was entirely right—the only thing wrong was that she had displaced the examination several bodily segments downward.

In the same way the obsession, by means of displacement, gave outlet to another impulse. Stella had threatened to tell her mother that she had been "touched" by her father, but this threat she had not carried out. When she developed the obsession she did tell her mother that she had been "touched" (to be touched is a slang phrase for intercourse—a virgin is a girl who "has never been touched") but the ambiguity of the word "touch" allowed her to discharge her impulse to tell, but without disclosing just what had occurred.

This obsession lasted some months. Fortunately Stella was able to get together enough money so that she could give up her work and go to the country for a time. This change gave her the start she needed, so that when she came home her physical symptoms eventually disappeared, and after a time she was able to return to her work in the store. Her obsession cleared up after the symptoms of lung involvement had disappeared, but not until she had at last decided to refuse the young man "because," she told herself, "she was not a virgin." The obsession reappeared from time to time up to the beginning of the Kishef fear, though never with any great severity. These recurrences coincided with those times in which she had some reason to doubt the soundness of her physical health, or was confronted with some sexual temptation or the problem of marriage.

(f) *The Rôle of the Tuberculosis Complex in Determining Stella's Love Choice*

When Stella had once admitted that she had had tuberculosis her resistance diminished enormously and it was possible to work out many things that had previously been inexplicable. Thus, I was able eventually to discover the reason for her sudden infatuation for Max and to answer the extremely baffling question of why she married Barney. Stella, once she had confessed the great secret of her tuberculosis, not only ceased to deny that I was correct in my conclusion that she had supposed Max, Barney, and myself to be tubercular, but she corroborated me in every particular. Thus, she confessed that she felt Max was a consumptive from the *very first instant she saw him*, and that she was confirmed in this belief, first, by the fact that, although apparently in love with her, he was so paradoxically reticent, and, second, by her learning that he, like herself, took a six weeks' vacation every summer. For, said she, when poor people take long vacations it means they have to—they cannot afford it unless it is a question of health.¹³

Now, the singular fact that Stella's infatuation for Max and her belief that he was tubercular began *at the same instant* was paralleled by a similar occurrence in her affair with Barney. Now that her resistances had diminished, Stella not only agreed that I was right in thinking that before he was examined she believed that Barney was a consumptive, but also told me that even *before she married* him she was convinced he had the disease. In fact, her family also suspected the same thing, and, calling him "der tote Mann," did everything in their power to prevent the match.¹⁴ Now,

¹³ With the knowledge of tuberculosis which she had gained by the observation of her own case, and through being in clinics and sanatoria Stella was a diagnostician of no mean skill. Her ability to detect tuberculosis from the general appearance of a person was such that a physician might envy her. But a fact that is of more importance is that she had absolute confidence in her powers in this line and once she had made up her mind that a person was a consumptive she would have been slow to change her opinion even if a physician skilled in physical diagnosis had disagreed with her. I mention this in order to make it plain that though it might seem that she had insufficient grounds for being certain that Max and Barney had tuberculosis she *was* certain, nevertheless.

¹⁴ It may be noted at her first visit to me Stella said, in response to my suggestion that she put off her marriage for a time, that neither her own nor her husband's parents would listen to any proposal of delay. As we have learned, quite the reverse was true, at least so far as Stella's parents were concerned. They not only would have been glad to have her put off her marriage, but would have done almost anything in their power to prevent it.

it may be added, that sometime earlier in the analysis Stella told me she first felt that she wanted to marry Barney just after he had told her he had been giving some lectures at the Y. M. H. A. The fact that he lectured, she said, gave her the impression that he must be very intellectual, and for this reason she felt she would like to marry him. When after her confession I happened to ask what first made her suspect that Barney was not well she answered that while he was telling her about the Y. M. H. A. lectures she noticed that he was very hoarse and that this immediately aroused her suspicion. In other words, in her affair with Max, and again in her affair with Barney, a desire to marry had arisen *exactly at the same moment as the suspicion that the object of this desire was tubercular*. This looked to me very much as if a causal relation had existed between the two phenomena—I mean to say that apparently Stella had wanted to marry Max and Barney *because* she thought them tubercular. This sort of desire, at first thought, seems a very strange one, yet there were reasons enough for its existing.

In the first place, Stella felt that if she married a well man without having sound health herself she would be doing a wrong to her husband. But if she could pick out a tubercular husband she would in a way be doing him no greater wrong than he was doing her, and, thus, in a sense they would be quits. Again, if she married a well man she would have to reproach herself for exposing him to infection, whereas if her husband were already tubercular this occasion for self-reproach would not exist.

In the second place, she could look upon a marriage with a tubercular man as a temporary one. That is to say, she could expect that her husband might die, and with that superstitious faith in the omnipotence of her wishes which is so common among neurotics, she had a sort of belief that he would do so when it would most suit her convenience. Another reason for a belief that such a marriage would be a temporary one was this. At the time she married Stella knew practically nothing of the laws of divorce, and she thought that if she wished to be free from a tubercular husband, particularly if he were not well enough to support her, all she would have to do would be to state the case before the nearest judge, and, provided she successfully concealed the fact that she too had had the disease, he would give her a divorce instantly.

The chief advantage of a temporary marriage was that it would give her a chance for comparative rest from her work in the store, to build up her health, and thus get into condition to make a permanent marriage should the right man come along.

Another element in the case was her family. Because she had had tuberculosis they were very anxious to have her married and off their hands. In a way she wanted to assist them in this endeavor, for she realized that at times she had been a great burden. But, on the other hand, she resented their anxiety to get rid of her, and especially so because they made it pretty plain that on account of her history they felt any sort of husband was good enough for her, and, consequently, never made the slightest effort to get her one that would be really worth while. Consequently, Stella felt that it would serve her parents right if she contracted a, so to speak, second-rate marriage, and, as a result of her husband's inability to support her, soon had to return to the parental flat. In other words, it would give her a certain spiteful satisfaction to make an unsuccessful match.

But there was still a more important reason why Stella wished to return home to her parents, namely her attachment to her father, which, it need hardly be said, was a very strong one. As is well known even quite ordinary family relations between a father and daughter are not infrequently sufficient to produce such a fixation of the child's love upon the father that she is never able—or willing—to transfer it to a more suitable object. But where, as in this case, there had been actual physical sex-relation between parent and child the tendency to develop a fixation that would form a permanent obstacle to normal transference is of course very great. In fact, it is by no means impossible that even if there had not been the difficulties in the way of marrying which tuberculosis created, and even if Stella's suitors had been much more numerous and desirable than was actually the case, she still might have been unable to break away from her father and fall in love in a normal way. At any rate, it is clear that since Stella's feelings toward her father amounted to her being consciously in love with him—not even stopping short of the wish to bear children by him—that, however strongly she felt that she ought to break away from him and form a more normal attachment elsewhere, she was incapable of a thoroughly sincere effort in that direction, for the wish to succeed in it was constantly opposed by an equally strong, even though less clearly perceived, hope that she might fail and so retain her original state.

If then we bear in mind that because of her love for her father, Stella was reluctant to take any step that would mean a permanent separation from him, it not only helps us to understand why she chose a consumptive for a husband but puts us in a position to com-

prehend the analysis of the Kishef obsession, upon which we are about to enter.

(g) *The Affair with Max and the Analysis of the Kishef Obsession*

In this obsession Stella's tuberculosis played the same rôle as it had in the assault obsession. The prime object of her vacation in the country, which led to her acquaintance with Max, had been the restoration of her health. For again the hard work in the store had been too much for her, and she had perceived signs of returning lung trouble. It is to a recurrence of her tuberculosis rather than to the sort of love that is described in story books that the loss of weight and similar symptoms which accompanied her infatuation are to be attributed.

The infatuation itself was determined very largely by the elements we have just described in discussing the influence of tuberculosis on Stella's love-choice. That is, although she would not have admitted it, she was already alarmed about her health and worried by the knowledge that soon her vacation would be over and she would have to go back to work in the store. When with her first glance at Max she saw he was tubercular and at the same time attractive, she felt that marriage with him represented a way out of her difficulties, and this thought, though not clearly perceived by her consciousness, made her say to herself "Here is the man I must marry" and was largely responsible for her seeming infatuation. That over and above considerations of mere expediency Max was extremely attractive to her can hardly be doubted.

When her vacation ended and she returned to work in the store she knew that the rest had done her comparatively little good and not only that she was still far from well but also that she had a good prospect of becoming worse if she kept on working. Naturally she began to feel that she should consult a doctor, and possibly go to a sanitarium, but here again, as at the time of the assault obsession, she could not bring herself to face this painful necessity, or, indeed, to admit that it really existed.

When, earlier in the day of her first visit to the Mahoshef, she accompanied Rose to St. Christopher's Clinic, thoughts about tuberculosis and the need of consulting a doctor must have been in her mind. To visit any clinic would have inevitably brought up such reflections, but St. Christopher's was particularly well suited to have this effect, for Stella had been told there by one of the clinic physi-

cians, when she once applied to be treated for nasal catarrh, that he found signs of active tuberculosis in her lungs.

Now that we know that Stella's tuberculosis complex must have been stimulated by the visit to the clinic, it is easy to explain her sudden change of front in regard to consulting a Mahoshef. Before going to the clinic with Rose she had scoffed at all that lady's suggestions of magic, but immediately after the visit she veered about and expressed a desire to see a fortune teller after all. The reason is plain enough. The need of going to a doctor for an examination and treatment was brought forcibly to her mind by going to the clinic. She could not bring herself to face the ordeal of an examination, however. What she did do, then, was to make a compromise. Instead of going to a doctor she decided to visit some one like a doctor—in short, a magician—for she had often heard from Rose and others that these individuals could cure all the ills that flesh is heir to. Thus her visit to the Mahoshef was really a substitute for a consultation with a physician—and the motive for it was a wish to get rid of that great obstacle to marriage, tuberculosis, rather than a desire to have Max's state of mind changed by supernatural means. Without doubt she thought his *mind* was in the proper state, anyway—that he would marry her if his body were sound.

Some time before making this visit Rose had said to Stella, "You are so much in love with Max that you'll make yourself sick worrying about him. You know you once had hemorrhages, and you can't be very strong now. If you let yourself get so worked up the old trouble may come back." Stella replied to this that she never really had tuberculosis and tried to convince Rose that this was so without being at all satisfied that she had succeeded, although Rose did not dispute the point and pretended to be convinced.

When, then, at their first visit to the Mahoshef, Rose, having preceded her into his presence, returned crying, "He knew what your trouble was right away!" Stella, demonstrating the truth of her own proverb, "Auf dem Gonef brennt die Hüttel," began to feel uncomfortable and to wonder if he could possibly have guessed that she had tuberculosis. But at the same instant it dawned on her that Rose might have given him some hint of her history, for, knowing that Rose was suspicious and feeling sure that she had not succeeded in convincing her that she had ever had the disease, Stella thought it not unlikely that Rose, shrewdly suspecting that the problem of tuberculosis was worrying her a good deal, had communicated this

suspicion to the Mahoshef with the kindly intention of giving him every possible advantage. The vague fear of the Mahoshef, which, as we have said, Stella felt all through her first visit, can now be accounted for by the fact that she suspected that he had some idea of her tubercular history.

It will be remembered that Stella began to believe in the Mahoshef when he boasted to her, "I can do *everything*—for me *all* kinds of Kishef are easy." This meant to her an implication that he could not only make love matches but also cure diseases, and it was the latter point that interested her, for this was just what she had hoped he could do. Her faith in him which then began was, in part perhaps, a remnant of the old superstition of her childhood, which had been reinforced by the wonder tales which Rose had told with such convincing sincerity, but more largely it was a wish product. That is, she believed because she wished to believe. Her faith was the ordinary *spes phthisica* which leads consumptive patients to put so much reliance on all sorts of outlandish remedies.

Finally, the idea that the Mahoshef possessed the powers of a doctor, or that he could be regarded as a substitute for one, was strengthened when, as has been said, he offered to sell her a cure for rheumatism. Thus, when Stella said to Rose after leaving the Mahoshef, "I'm so happy, now I can marry Max," her thought was "Perhaps the Mahoshef can cure Max and me of tuberculosis and thus make it possible for us to marry," rather than any idea that some change in Max's emotional state was to be brought about.

In her conversation with Rose two days later Stella said, "I had rather get him in the *right* way. After we are married I will tell him all about it." And what she had in mind was her tuberculosis history. Her words were clearly the result of a feeling that for her to marry without telling her suitor of her history was a "wrong way" of getting a husband.

At the same time, her remarks showed that her faith in the ability of the Mahoshef to cure her was by no means absolute, for had she been positive that he could make her entirely sound and well she would have felt little guilt about marrying, no matter what her past history had been. When, then, Rose told the story of the man who by drinking menstrual blood was made to love, Stella's already overtaxed credulity gave way, for to be confronted with the task of believing a tale so utterly absurd and beyond the bounds of probability was the proverbial last straw. Thus, without clear consciousness of doing so, she had to say to herself, "If Rose can

believe a thing so foolish as that, how can I put any confidence in her when she tells me that the Mahoshef has such wonderful powers? What a fool I have been to think he could cure tuberculosis!"

It was natural, then, that when a moment later Rose said, "Do you know, Stella, that if Max has magic done to him he will be weak and sickly all his life and can't live to be over fifty, if even that long?" there should form somewhere in Stella's mind the ironical and contemptuous reflection which may be expressed as follows: "Indeed, you are more right than you realize, friend Rose; he *will* always be weak and sickly if he has magic done to him—and if he *doesn't* have it done to him! He has tuberculosis, and, in spite of what any Mahoshef or doctor can do for him, he will always be weak and sickly, and of tuberculosis he will die."¹⁵ But, naturally, there also came the thought "The same thing, I fear, is true of me," which was expressed in the same ironical way, "Just as truly as Max is going to die of *Kishef*, so truly I am going to die of it. The same sort of magic that will cause his death will also cause mine" (that is, what we will die of will be tuberculosis). This thought, then, "I am going to die of the fortune teller's *Kishef* (*in the same way as is Max*)," which is *simply another way of saying*, "I have tuberculosis, and I will never be cured of it," formed the starting point of her obsession.

¹⁵ This pessimistic reflection corresponds to the opinion as to the curability of tuberculosis which is held by the old-fashioned Jews of Stella's acquaintance. Most of them believe that real consumption can never be cured.

(To be continued)

TECHNIQUE OF PSYCHOANALYSIS

BY SMITH ELY JELLIFFE

(Concluded from Vol. IV, page 83)

Kaplan in a recent valuable work on the Fundamentals of Psychoanalysis¹ has some very practical suggestions relative to the subject of dream symbolism, some of which I here utilize, in free translation, as they are apropos at this point.

He reemphasizes that the language of the unconscious is a symbolic or picture language. Much conscious language is also purely pictographic. It is important then in the dream to attempt to piece together this conscious and unconscious use of the symbol through the common and distinctive features of both.

"Thus the hand hollowed like a ladle is a gesture for a drinking vessel and is based upon immediate association, but the Indians make the same gesture to express 'water.'" "Thus the plastic image of the horned bull's head may for the Neapolitans express besides its immediate meaning of strength, as the main peculiarity of the bull, first, danger, particularly that of being assailed by an angry bull, next danger in general, and finally by a third displacement, the 'wish to be protected from danger.'" ² The symbols of the conscious life are quite as ambiguous as those of dreams and myths. "In sign language of the deaf mute it is not said: 'He died because he was addicted to drink' but 'drink, drink, die.' The signs for drinking are several times made, then as sign for death the head with closed eyes is laid on the right hand and a gesture made toward the ground indicating 'sleep down there.'" ³ That means that *Every separate symbol has a certain indefiniteness, and only from the interrelation of the symbols can their sense be perceived.* Another common quality of the conscious (purposive) and the unconscious (purposeless) symbolism is that they both express only the *present*; extent of time has to be inferred. That accords well with the evidently sensational nature of the symbol; everything sensational belongs to the present.

¹ Grundzuge der Psychoanalyse, Vienna, 1914.

² W. Wundt, Volkerpsych., Vol. I, Part I, pp. 171, 172.

³ *Ib.*, p. 195.

Those who cannot avail themselves of sound language resort to sign language; deaf mutes and strangers who are unacquainted with the language of a country; likewise children are forced to seek the help of gestures in order to be understood. The gesture is in one sense the language of the mentally weak. But that is true of every form of symbolism. "(The pictures) are the more desired and more eagerly sought the more a concept is removed from sense perception and the more a suitable image fails to represent it.

"When for example a speculative savant thinks of the world, or more correctly the undeveloped universe containing in itself the germs of all things, as an egg . . . if the Roman emperor holds a ball in his hand as the sign of world power, the globe in miniature . . . or if one of the church fathers wishes to grasp the divine Trinity in the schema of a visible triangle or a sounding harp, when he knows no better representation for eternity and the continuous recurrence of human things than a snake with its tail in its mouth, then the metaphysical concepts God, world, globe, eternity, Trinity, etc., force the imagining spirit to this conception and flit before him, nebulously trouble and pain him like mere outlines, until he masters them by means of a clear picture."⁴

Even an abstract science like mathematics, Kaplan significantly points out, had to go through a sensational-symbolic phase. The concepts of differential and integral calculus, which modern mathematicians have learned to grasp as abstract relations, and most of the analytical statements were at first fixed with the help of surfaces bounded by curved lines and with operations with such geometric figures. Strict mathematicians now regard it as an outrage in pure analysis to get any help from concrete geometry. If the origins of symbols in the line of evolution are studied, they are seen to originate when man intellectually grasps at something that his power of comprehension finds too remote. Conversely the symbol may also originate if his former higher power of comprehension is reduced (for example in dreams and in mental disorders). In both cases he gradually slips away while trying to catch the idea lying at the bottom of the symbol and falls into a lower form than is striven for by evolution.⁵

The symbols employed by consciousness, as they have an explanatory function, must be of a material character. They must readily bring to consciousness the relation with the thing that they

⁴ Rud. Kleinpaul, *Sprache ohne Worte*, pp. 24, 25.

⁵ Herb. Silberer, *Ueber die Symbolbildung*, Jahrbuch, III, 675. Silberer's work, which is very valuable in this connection, should be consulted.

are supposed to indicate. For example, Kleinpaul tells the following: "In German village inns I recall the laconic notice, 'No pumping (credit) here' but instead of the word pumping a picture of a man pumping water." What the pumping meant was clear to every one. Quite as clear are the so-called legal symbols. Thus in olden times "the setting of the foot on land or other property was a sign of legal possession"⁶ or "the old Norse scotation consisted in a little earth from the purchased or pledged land being shaken or thrown into the fold of the coat or cloak of the new owner; that assured him possession."⁷ (Representation by sample.) It is a concrete representation of the transfer of the right of possession, which may be quite comprehensible to every one.

Picture language is the clearest of all, provided it is understood. Yes, provided it is understood! And who can say that he has rightly understood? . . . Whoever speaks in pictures (figures) always has the advantage, that he appeals to the understanding of others and may eventually change this understanding into doubt. An advantage often used!⁸ This advantage is taken by the unconscious which employs the symbols not to make clear, but on the contrary to substitute. Closely connected with this is the fact that most (explanatory) symbols of the conscious life have still a hidden sexual meaning. (They are therefore overdetermined.) Setting the foot on the land is a sign of taking possession, this legal gesture having, however, a less innocent sense. For "We take it as a sign of possession if the lover secretly steps on the foot of his adored, or the bridegroom on the bride's."⁹ The significance of the earth as mother earth, as symbol of woman, is widely recognized. Here apparently is another case where the original sexual sense (the possession of the woman) is translated into the harmless (as a legal symbol). In any case it should not be forgotten that the concrete sexual relation has always existed, but on the contrary the legal relation of private property in land arose comparatively late in the history of man.

"If it is said that in order to forget anything as soon as thought of, one should throw his slipper back over his head, that is quite likely a symbolization of doing away with the power of remembering.¹⁰ Here the symbolizing action is of a purely materially de-

⁶ G. Sartori, *Der Schuh im Volksglauben*, Zeitschr. d. Ver. f. Volks., Vol. 4, p. 173.

⁷ J. Grimm, *Deutsche Rechtsalterthümer*, 4th ed., Leipzig, 1899, p. 161.

⁸ Rud. Kleinpaul, *Sprache ohne Worte*, p. 307.

⁹ G. Sartori, l. c., p. 153.

¹⁰ *Ib.*, p. 153.

scriptive nature. But it is surprising that a slipper should be thrown; why just this object? The answer is easy, if it is considered that if one wishes to be free from an unhappy love one scrapes the dust from the heel of the right shoe, puts it in the shoe and throws it from a water-way backwards over the head into the water and goes home without looking around."¹¹ Every charm for forgetting was probably originally a means of avoiding unhappy love; the action symbolized the departure of the sexual object. That the slipper symbolized the female genital is fairly universally recognized. Thus in Fr. Müller's *Faust*: "He would be pleased¹² to be the slipper mender (paramour) of the Queen of Arragon." Also the expression, a slipper hero, under the slipper, etc.¹³

Many expressions are intelligible only when they are exposed as symbols of the unconscious. So, for example, in Ruppín it is said to one who has forgotten something: "You have surely stubbed your big toe."¹⁴ Stubbing the big toe is frequently the same as masturbating. In every expression a deep psychological sense lies hidden. Whoever has formerly practised many autoerotic gratifications, infantile masturbatory types, *not necessarily genital*, and then has repressed this fact from consciousness, becomes forgetful, because the wish to forget becomes generalized and is displaced also upon indifferent matters. Here is a source of much forgetfulness among children and adolescents and bad school work.

Kaplan further calls attention to Semi Meyer's criticisms of the psychoanalytic method, which are quite in line with those of L. H. already cited. "Everywhere an associative substitute is at the earliest possible moment dragged in by the hair. Why does that happen in dreams? Nothing of the kind occurs in waking life."¹⁵ To that it may be replied that the critics are not acquainted with everyday life, as it is revealed in morals and customs, in law and in religion, otherwise they would not make such statements. In Frankfurt if "in pledging a piece of land a bag of earth is brought before the court and laid on the deed,"¹⁶ the bag of earth is probably to be regarded as a representative of the pledged piece of land. Still more remarkable is the "Clagefurt custom of hanging the thief first and

¹¹ Wutke, *Deutscher Volksabergl.*, p. 555. Cited by Sartori, *ib.*, p. 760.

¹² Grimm, *Deutsches Wörterbuch*, VII, Sartori, *ib.*, p. 158.

¹³ In a "Jugend" poet I found the sentiment, "New shoes and new lovers are uncomfortable."

¹⁴ Maxims and Expressions from the County of Ruppín. Collected by K. E. Haase, *Zeitschr. d. Ver. f. Volksk.*, Vol. 2, p. 439.

¹⁵ Semi Meyer, *Zum Traumproblem*, *Zeitschr. f. Psychol.*, Vol. 53, p. 223.

¹⁶ J. Grimm, *Deutsche Rechtsaltertümer*, p. 159.

investigating afterward."^{16a} Crime must be expiated; that is clear to the primitive man, and so they hang the first man that comes along, in order to satisfy their desire to make some expiation. The hanged man appears to be the substitute (symbol) for the actual thief, who has probably succeeded in escaping justice. Such things are worked out in old historical times, to be sure, not in dreams of course but in actual life. The Westphalian expression, "The crow has brought me a nut" means "I have got a husband."¹⁷ It is clear that even in waking life, if not so frequently as in dreams, "an associative substitute is at the earliest possible moment dragged in by the hair."

Herbert Silberer has shown that the sensational-symbolic representation of thoughts can be to a certain extent artificially produced. If in a fatigued condition, especially before going to sleep, one forces himself to follow the thread of a (theoretical) thought the abstract relations will take on a concrete form and will cause an hallucination.¹⁸ A trial of the experiment leads one to suppose that the phenomenon depends on an individual factor, as not everyone will succeed in evoking the hallucinatory symbols in himself. Still the prime significance of the experiences as related is not affected. Not every one can be a poet or an artist, and yet the investigation of the psychology of artistic creation has universal human value. Silberer's method experimentally confirms the fact that in certain circumstances the psyche grasps at sensational-symbolic representation. One of my own patients has utilized this method for several months and has obtained remarkable insight into the unconscious and much freedom from severe compulsions.

In further illustration Kaplan speaks of two symbolic hallucinations (hypnagogic visions) which he was able to evoke in himself. Just before going to sleep he forced himself to think about the tragic heroes and criminals. There then arose the *First Vision*. A half lighted room. A man and woman. It appears the man has surprised the woman. But he is hit by the woman.

The theoretical thought which here struggles for expression is as follows: "The tragic hero signifies the criminal in us. Because he has overstepped the ethical norm suggested by society, he must finally fall, like the criminal who must expiate his deeds in punish-

^{16a} *Ib.*, p. 531.

¹⁷ Weinhold, Ueber die Bedeutung des Haselstrauchs, *Zeitschr. d. Ver. f. Volksk.*, Vol. 11, p. 11.

¹⁸ H. Silberer, Bericht über eine Methode, gewisse symbolische Halluzinationserscheinungen hervorzurufen und zu beobachten, *Freud-Bleuler's Jahrbuch*, Vol. I.

ment." In the vision one sees actually the criminal whom his deeds do not profit but who gets his punishment (the tragic situation). But as, according to psychoanalytic views, the sexual symbolism plays a dominating part in the unconscious, there appears in the vision not only the criminal but the sexual criminal.

Another time before going to sleep Kaplan thought of the connection between the Flying Dutchman and the incest feeling. There arises the *Second Vision*. Infinite stellar space. The Flying Dutchman cloaked in a dark robe soars in this space. The scene gradually changes. He sees before him Raphael's Madonna brilliantly lighted. The change took place in the condensation of the stellar space into the canvas of the picture.

The vision has given a sensational form to the theoretic thoughts: "Because he rested too much on the mother (Raphael's picture)—he must be very unrestful when grown up (the soaring of the Dutchman)."¹⁹ That the confirmation comes only after that which is to be confirmed is quite congruent with not logical but psychological succession; one thinks first of a thing and then one tries to comprehend it from the conditions of its existence and origin.²⁰

The hallucinations, Silberer notes, are usually connected with the unconscious. In order to turn a theoretical thought into a hallucination it is necessary to have, besides the individual factors, two things: a very sleepy state and an intense activity of thought. "A connection between the hallucination and the waking thought . . . results only if the latter is full of energy. If one sets about aiming at a transmutation of the waking thought into a symbol one must supply the latter with attention by force of will. If this is not done, the complexes already loaded with affect will get possession of the person going to sleep and, without regard to the waking thoughts, will themselves seek to attain symbolic representation."²¹ If it is noticed that a very sleepy state, or one related to it, does not appear well adapted to maintain theoretical thoughts by means of attention, it becomes clear why the scientist does not solve his problems in the hallucinatory way, why he is not a *visionary* but a *thinker*. The visionary is the unrestricted thinker, who for that

¹⁹ The foundation of this thought will be seen in Max Graf. Rich. Wagner in the "Flying Dutchman," *Schrift. z. angewand. Seelenk.*, edited by Freud, 1911, Vol. 9.

²⁰ The interpretation of dreams is based regularly on the fact that many dreams must be read backwards in order to be understood. Freud.

²¹ Silberer, *Ueber das Symbolbildung*, Freud-Bleuler's *Jahrbuch*, Vol. 3, p. 718.

reason follows the regressive path to its conclusion in the hallucination.

If strong affective states predominate in the mind of the individual, they make the "pushing forward" of the idea difficult, as they "deprive the function of attention of a part of its energy in claiming it for the autonomous complexes. The affects are not satisfied by disturbing the apperceptive function. Besides the negative result they perform also a positive work in that by virtue of the attention energy turned to them they seek to give currency to the complexes to which they belong."²² This state of affairs is found in the case of the power of the myth-making phantasy, dream, fable, religion and the visions of psychoneurotics.

The second vision, Kaplan states, is not only the materialization of a definite idea, it has also a concealed background. It has already seemed remarkable that one should meet the Dutchman in the rôle of a phantastic aviator instead of on the open sea. The infinite stellar space was however the scene of a countless number of stereotyped flying dreams, which the author dreamed as a child. The Flying Dutchman is therefore the writer himself. And during the last five or six years he has been forced to wander from one place to another without ever settling anywhere. His longing for home is, however, very great. The Flying Dutchman therefore turns into a little child that rests on the arm of its mother and may therefore feel safe from all troubles. A complex is associated with the theoretical thought and finds its expression in the hypnagogic vision. This analysis, Kaplan shows, provides one at the same time with a very valuable insight: *The adult yearns retrogressively from the struggles and privations of life toward the safe haven of childhood.* On this is based the chief factor of the power of the infantile in the mental life of the adult. This constantly recurring infantile form of representation must constantly be kept in mind.

I had thought to go into Stekel's very illuminating chapter on dream interpretation, but this has already been provided for in the last, January, 1917, number of the PSYCHOANALYTIC REVIEW. The beginning analyst should read this carefully as it clearly brings out how the various parts of the dream, when analyzed, lead to the unconscious of the dreamer.

Before closing this chapter I would again emphasize how important Freud's "Interpretation of Dreams" is for the analyst. For the very beginner it is a very difficult text, but as soon as one

²² *Ib.*, p. 685.

has commenced earnestly to pick out the dream meanings by the method of free association, this work can be read and reread to advantage. I have read it several times and with additional experience each rereading shows new matter and helps to explain what has been heretofore quite dark. There are still parts of it quite inexplicable to me although several thousand dreams have been torn apart and subjected to analytic research. Even the expert urine analyst has much to learn of this comparatively simple product of the kidney activity; how much the more in need of extended research then is the enigma of the activity of the mental machine during the sleep period.

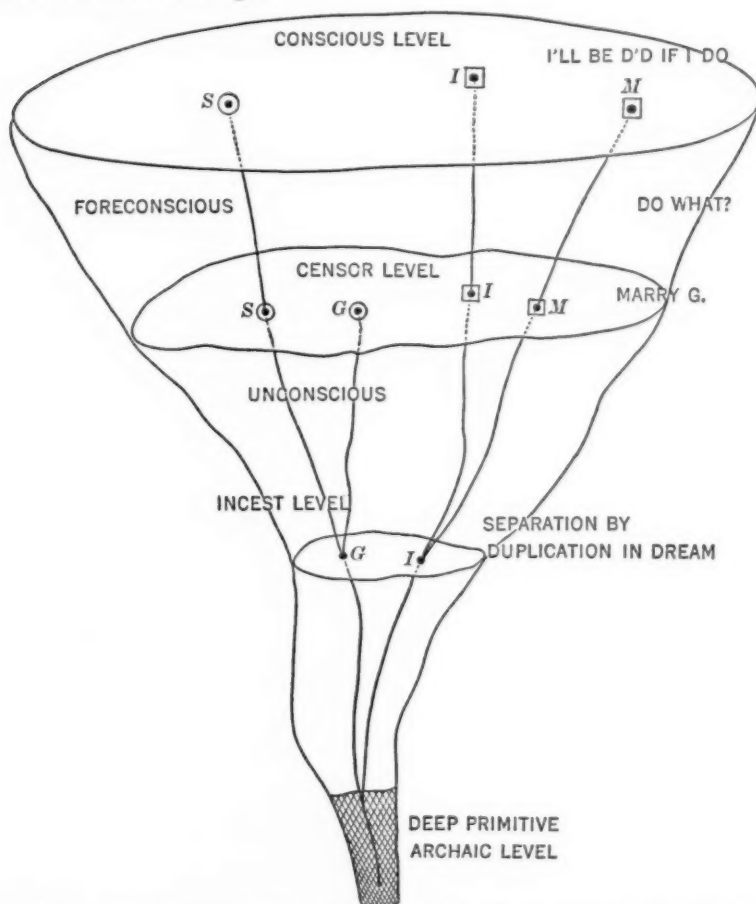
One way of looking at dreams has enabled me to understand them much better and also permitted a graphic representation, which I here hazard, as possibly affording some help to others.

It is fairly well recognized that all final expressions of the human activity, conduct or behavior—as they are variously termed—arise from the depths of feeling. From the unconscious this “wish” or desire part of us gradually rises into consciousness to further the “work in hand,” through appropriate, that is, “censored” activity. “The cerebral mechanism is arranged just so as to *push back* into the unconscious almost the whole of our past.” This is Bergson’s way of expressing what Freud calls the “censor” “and allows *beyond the threshold* only that which will further the action in hand.” This latter we call conduct or behavior—the filtrate through the censor. “Our past then is made manifest to us in the form of impulse, it is felt in the form of feeling, whereas only a small part is *known* in the form of *idea*.”

This struggle upward I have tried to picture by an inverted cone. At the bottom is the core of generalized and highly condensed feeling and impulse, the rich background of the unconscious and archaic inheritance of all past experiences and values. From this well of feeling there comes surging to the surface some group of wishes, which, rising, separate out into the most primitive symbolic expressions of the same. As these symbols rise towards the surface they undergo various branchings, resymbolizations—the mechanisms of condensation, displacement and distortion that Freud so well describes. Finally they arrive at a point where the censor, or psychic diaphragm, cuts them off, they are now presentable to the censor. Then through secondary elaboration the manifest content of the dream appears in consciousness and is the material upon which the analyst works.

The method of free association now endeavors to lead backwards along the pathways that the feeling ascended from its sensational core to its resymbolized concrete intellectual image.

Manifestly there are many, many trends in this upward surge and no graphic can encompass the complex splittings, but I shall take a comparatively simple dream and endeavor to fit it into this graphic form of representation and illustrate a few of the points which have been discussed at length.



Rough and schematic illustration of the gradual transformation of the primitive archaic reproductive instincts wish as it passes to conscious expression in the dream as indicated in text. The chief points illustrated are the distortion by duplication. Dreamer I and M are brothers. G, a sister. S, wife of M, and the marriage wish of the dream. G and I are settled down. M and S come to visit us.

Thus the patient dreams: *G. (sister) and I are settled down. M (brother) and S (his wife) come around to the house to see us. S has a check to settle a little debt. G. is no longer there. M says*

"*I'll be damned if we do.*" I awake, and there is some sort of an idea of decision to live in a certain sort of a way. There is a sort of an implication in the dream toward conservation of resources or fight for a living. The dream is extremely simple in form. The multiplicity of arising associations cannot be given, for discretionary reasons. Furthermore the dream is to be used only to illustrate in part the scheme which has just been spoken of.

Before reducing certain features of it to graphic form attention should first be called to two of Freud's statements in his "Interpretation," which book, as has been said, should have been thoroughly read by the analyst, or else these articles on technique will be of little service. He says one looks first of all for the *feeling* in the dream. If there is any distinct sense of feeling tone it must be used as the main pathway of approach to the dream. Then again, if spoken words occur in the dream they may be taken more or less in a literal sense. That is they are less distorted products of the dream work, most conscious.

The feeling tone of this dream does not tell much of anything save as to a conflict of the dreamer, whether by saving his money he can conserve his resources and continue not doing any work, which latter is so difficult, if not impossible, for him, or to get out and hustle and be obliged to work.

But there is the heard speech, "*I'll be damned if we do.*" Do what? I shall start my cone then with this statement and speak of this stratum of the dream as the conscious stratum. In this stratum there are three characters only. M, the brother, S, the sister-in-law, and the dreamer. One has been eliminated, G., the sister. This is represented in the graphic by the small circles as marked. The position as to the next stratum of the dream appears also in the manifest content, G. and I are settled down, S and M come to see us.

Why has the sister been eliminated at the conscious level? If one trend of the dream be expressed in this graphic way it is not impossible to see that the dreamer has finally forced himself to the conviction that his unconscious incestuous bond to the sister is one of the important links in the construction of his neurosis. The *conscious* attitude to the sister, it need hardly be said, is one of "intense antagonism." Nor is it to be wondered at that the sister also has a severe neurosis. The dream also shows that the way in which he handles his money, or rather the way in which he permits his brother to handle it, is his conscious, behavioristic manner of hanging on to the unconscious incestuous phantasy through its displacement to the anal erotic hate complex.

For the first time, following this dream, the patient, using Silberer's hallucinatory method, was able to finally reproduce the early infantile erotic sensations in relation to the sister. This relationship he had most persistently resisted as a possibility.

This illustration is almost too simplistic to present, but if the analyst will try to picture to himself, in terms of the different strata of the dream thoughts, the condensations, distortions, splittings, displacements, etc., of the dream work, he will be able graphically to work out the chief stages in the unconscious erotic wishes of the patient and thus aid his patient to see them for himself. One can combine this form of graphic with those which immediately precede and obtain a fragmentary glimpse at the restless movements of the unconscious libido trends in their rapid differentiations and integrations. These finally result in action, showing themselves either as the metabolism of the body cell groups, or as conduct.

Before finishing this series of articles I would call attention to a further bit of the work of the unconscious, glimpses of which may be read in the dream and which throws a searchlight into the possibilities of the future of the race. It has been held up as a reproach to psychoanalysis that it looks backward only. This is not in the least true. True it is like the weaver who must stop his machine to pick up a dropped stitch in order to go forward. The psychoanalytic method is a method for finding these dropped stitches—fixations—which prevent the use of part of the individual's energy for sublimation purposes. It goes back into the machinery to repair this difficulty in order that the individual may live a fuller and more complete life.

Practically all of man's activities come out of his unconscious. They push forward to keep the race in that path which will lead to further evolution. If 100,000,000 years have seen the ascent from colloidal ooze to man, what will the next same time span reveal and what agencies are at work to keep the individual and the race in the "strait and narrow path that leadeth unto righteousness," that is, race immortality?

In order to obtain a closer practical view of just what is meant, I cannot do better than to refer to Maeder's²³ stimulating work on the progressive aspect, the so-called prospective function, of the dream in the individual conflict. For it is the individual who embodies the epitome of the race and the individual activities which constitute racial development and progress. Moreover it is the

²³ Maeder, *The Dream Problem*, Monograph Series, No. 22.

dream which reveals most completely this individual in his controlling tendencies, if we consider it as revealing the two aspects, that which draws him back within himself and retards progress and likewise those tendencies which belong to his intrinsic and immortal spirit of progress.

Maeder's emphasis, therefore, upon this side of the dream and its therapeutic value is merely a furthering of the complete psychoanalytic work. It is the goal toward which all of Freud's work tends, toward which his whole effort is directed. Yet it was necessary in the beginning to lay repeated stress upon the necessity for "the most exhaustive occupation with (the complexes)"²⁴ and thus Maeder thinks the revelation in the dream of the progress of the patient in regard to his conflict and his life task has lacked emphasis.

It must not be forgotten that the illness is due to a conflict between these opposing tendencies, so that the dreams, arising out of this same unconscious, which is the source of activity and conduct, would be expected to present both sides of the struggle. As Maeder points out, the reaction formula is already in the child. On one side are his egoistic wishes controlled by the pleasure-pain principle, through which he seeks to have them fulfilled. Offset against these is the life plan to which his inherent progressive tendency, his immortality, compels him. The whole aim of the analytic investigation of the dream, as Freud has expounded it, is to liberate this progressive tendency, the libido, from its fixations on the opposite side.

Maeder's point is this, that the dream itself in its manifest content as well as in its appropriation of clinical setting in the course of treatment, makes use of what, according to Freud's terminology, may be called intrapsychic perceptions and images of the situation as it exists in the unconscious, or what Silberer terms autosymbolism. By this means the dream manifests the stages of development of the neurotic conflict or in general of the personality itself. It shows, as Maeder's illustrative dreams make clear, the patient's insight into his problem, his conflict and the progress he has made toward acceptance of the life task. It presents therefore both the resistance and retardation which arise and the resolving of these, which is largely accomplished through the analysis of them as they thus appear in the manifest content.

Maeder has made use of three happily chosen forms of illustra-

²⁴ Freud, *History of the Psychoanalytic Movement*, Monograph Series, No. 25.

tion. The first consists of a number of dreams occurring at successive periods of the analysis, with also a few dreams chosen from other patients. In the second place he borrows from Freud's "Interpretation of Dreams" the recurrent dream of the poet Rosegger and submits these to the same test for the prospective and healing function, extending thus beyond Freud's original analysis into the teleological service the dream rendered to the poet's actual attitude toward life. Finally he has utilized a second dream reported and analyzed by Freud, that of a nurse, in which the dream reveals the unwillingness of the individual to solve her problem and bring herself into an adjustment with life's demands.

Perhaps one of the clinical dreams will be best for incorporation into our discussion. I must content myself with an abbreviated reproduction of these dreams and their analyses and their place in the treatment as Maeder has reported them. "The dreamer is a youth of 18; he comes of a good family, of old stock which possesses, however, numerous neurotic features. He grew up between a father who was severe and violent in his demands, but who taken altogether, was quite lovable, and a mother who is gentle, yielding, sensitive and cultured. . . . He succeeded in being his own master, by allowing his own desires and moods and interests to dominate his life. Gradually tremendous gaps were noticed in his development. There followed a chasing from one school to another. After some years the youth emerged from these circumstances, quite unimproved and extraordinarily ignorant. Psychoanalytic treatment was then begun, side by side with suitable teaching and education. . . . after two years he was able to do a good piece of work in proper time. The dream analyzed belongs to a time during the analysis when the youth had overcome the worst difficulties and the severest conflicts. . . . The dream runs as follows: [I omit the first part, which is not here analyzed and also the gathering of associations, quoting the analysis made from them.] *"With a bicycle, we [dreamer and his sister] then rode further, to the lake [in Zurich], where we met O. and a man on horseback in a green uniform. He rode on a horse that had a beautiful blue coat. Before he came to the bridge he dismounted and showed the left foreleg of the blue horse to a boy, who suddenly appeared. Afterwards some gentleman spoke to us about Dr. D. and spoke of a check number which he had taken by mistake. I then offered to take it with me [to the doctor who lived in a higher part of the town] but he said he had already arranged something with his sister.*

" . . . According to the dreamer, the scene with the blue horse is the center of interest in the dream, the emotional interest is very strong here. It is necessary to remark that the horse has much significance for the dreamer himself and for his whole environment. . . . If we use the material, thus obtained [through the associations], for interpretation, we find, in the first place, in the surface layer, on the objective level (to use Jung's excellent expression) the following:

"The blue horse is the beloved. . . . The horse represents more—the girls who have a magnetic effect, the mother, whose sexual significance is brought out by the scene in the bath during childhood [according to the associations].

"The green officer, his model, is the dreamer himself, who rides the horse, his beloved, with whom he made the tour (ride) that time. A parallel to this is furnished by the first part of the dream. . . . His sister, who here replaces the beloved, is the one with whom he carried on most of his childish tricks and for whom he has a strong transference.

"The officer examines the horse with the boy. The latter [a stable boy] is also identified with the dreamer, . . . his meaner ego. . . . By the choice of this symbol the dreamer measures his own value, saying 'I am also a low down fellow.' . . . One has been riding the horse too hard. In the same association we have also the masturbation, against which our dreamer has been fighting in vain for some time. . . . Accordingly, the dreamer is also identified with the horse. . . . And so we have arrived at the lower stratum, what Jung calls the subjective level. The horse becomes a symbol of the libido; a symbol of his own libido. In this stratum, note well, all symbols refer to the dreamer himself, and they are to be regarded as personifications of the different tendencies of his psyche. What on the objective level was regarded as the symbol of the beloved, becomes, on the subjective level, a symbol of that libido which has a tendency towards the object (the tendency is symbolized by its goal!).

"This part of the dream tells us then: L. (the dreamer) has ridden too hard, something is not right with me, and must be looked into. . . . That is to say, insight is dawning on the mind of the dreamer. After external separation from the beloved, . . . he was still intensely bound up in her internally. Because of the analysis he feels impelled to break with her, as he gradually came to see—although merely intellectually—how harmful their adventure had been for his development. . . . Inwardly he was not willing at the time to break

with her; but he hid himself and his opposition behind me, the scape-goat. This dream shows us a further step. . . . His insight into his situation, the correct valuation of his adventure, becomes at the time of the dream emotional, not merely intellectual. This insight with the double character of intelligence and affect, is very significant and forms a cardinal point in the cure by analysis; for whoever possesses this insight is really acting on his own principles and conviction and thereby occupies a different relation towards the analysis from at first. The physician is no longer one who asserts this or that; something which one accepts or rejects, according to the predominance of the positive or negative attitude, but he has become a leader who sees and points out what one carries in oneself and only recognizes with difficulty; the physician is now he who helps one to know oneself better and how to rule oneself. . . .

"The last part of the dream which deals with the conversation about the doctor and the number, is little plastic in its manifest content, and is poor also in its latent content. . . . An entire side of the problem of the development of the libido in the youth is still untouched, he is not yet capable of clearly viewing the realization of the insight he has won, much less of bringing it to pass. . . . This . . . segment is for Maeder a symbolic expression of the future and as yet insufficiently elaborated material. . . . The principal stress of the manifested dream is laid on the wonderfully beautiful blue color of the horse, by which, in his opinion, is expressed how . . . great an attraction enjoyment still holds for him. This picture contains a valuation, which may serve as a standard for the dreamer's attitude. The task before the dreamer is the conquest of the kingdom in which the reality principle, to use Freud's excellent expression, reigns. . . . This is a point of cardinal importance in the analysis. It . . . indicates . . . the beginning of upward progress.

" . . . The psychoanalyst does not appear merely as physician in the last part; but also in the middle portion of the dream, namely, hidden behind the boy and probably also under the form of the officer. These two conduct the examination. The dreamer's identification with the boy points to the negative side of the transference he feels towards his physician; the physician takes the place of the father whom the dreamer fears. . . . But gradually the physician has become to the youth a model in some points. . . . Thus the dreamer identifies the two models. . . . I must add that the youth was advanced considerably through this analysis, and that he attacked the further solving of his problem with great earnestness."

Maeder's consideration of the dream in this aspect by no means

denies the existence of a close connection between the latent and the manifest dream content. We can see here how both belong to the complete picture and the manifest content, as he states, can be valued and interpreted only by means of the latent dream material. The affect also, which accompanies the dream, as the above analysis shows, gains in this way a distinct value in recording the patient's progress. Particularly it expresses that most important step in the treatment, the passing over from a mere intellectual acceptance of the facts of the analysis, whether in interpretation of the underlying complexes or in recognition of the task to be accepted, to an emotional appreciation and appropriation of the same. *Intellectual acceptance can work no cure* but may prove seriously misleading to the patient who is attempting to grasp the situation and to the beginner in analysis as well. Therefore the value of this function of the dream in bringing not only to the analyst but more significantly to the patient himself the realization that the self-revelation and the actual life task in its concrete forms is being seized upon by the wish nature. For thus they become a part of that unconscious which Bergson so impressively describes "leaning over the present . . . pressing against the portals of the conscious" in order to "further" the work in hand for the individual in his share in racial achievement.

The seriousness of the task with which the psychoanalyst is confronted would be overwhelming were it not for the nature of the material with which he has to deal. This it should be remembered is dynamic and plastic. The very method which psychoanalysis employs enables one to take this material bit by bit, slowly, cautiously, the greater vision as well as the dynamic possibilities for good or ill always kept in mind, and by careful detailed work search out the libido lost in its regressions and remove the encrustations often of a lifelong maladjustment. Then, still through the analysis largely effectual on this side also by means of the dream, as we have seen, this libido is guided and stimulated to the acceptance and successful accomplishment of life's tasks. One enters through that recognition on the part of the conscious of the long divorced forces of the unconscious into a mutually intellectual and emotional knowledge of oneself, which means at last a true valuation of oneself. The libido is indeed free.

The magnitude of this task together with its infinite reward to both patient and physician has urged upon me minute details of caution and of direction. I have tried to show the value of a participation on the part of patient and physician in the greater cosmic view both of the origin and development of that unconscious which must

be investigated, as well as of its potentiality for the future of the race. There is necessary, likewise, the detailed appreciation of the individual effort to realize his position in society, his failure or success in handling the forces within him, and the guiding of his libido trends into a successful adaptive relation to cosmic progress.

He fails, as we have seen, principally through the difficulty which persists with individual and race alike, the difficulty of severance with the past and entering into an independent creative attitude toward the present and future. This problem is a very concrete one because of the love relation in which life begins and through which alone, in its broadest sense, progress continues. Therefore the problem resolves itself very definitely into the "family romance" situation, or in Freud's classic term the Oedipus situation. For this reason the psychoanalyst must recognize and accept the transference phenomenon as the most important manifestation on the part of the patient and learn to use it as the most powerful factor in receiving the patient's groping after assurance and health, that is after an effectual adaptation to reality, and use this bridge actually to transfer the libido striving into reality and the life task.

The attempt has thus been made to point out the great trend of psychoanalysis and to set up a few guiding posts for the physician who would place himself actively in this movement. One thing further must never be lost sight of. The existence of the unconscious, though in one sense merely a pragmatic hypothesis, yet represents an undeniable and inescapable fact. We do "desire, will and act" with our past. It is preserved in some way and preserved for some useful purpose. This immeasurable and unfathomable past cannot, however, be allowed complete nor unguided control. There must be direction and regulation. Hence the need to understand it, its content and its history and how to utilize its affective value. Hence also the external barriers and restrictions which culture throws out from time to time as guides and limitations to aid in its control.

These are indispensable aids but they are not fixed. This past is the product of a stream of energy which so far as we are concerned is inexhaustible. It has not expended itself in building up the past, it contains unmeasured resources for the future. The millions of years back to the colloidal ooze only point to the millions of years ahead to we know not what. We only know that infinite possibilities of development lie before us which must continuously outgrow external barriers and limitations and form new ones. We know also that the thwarting of the creative impulse as it tries to

express itself in the various libido trends causes illness in any of the bodies activities and that these barriers sometimes exceed their usefulness and increase to too great an extent the existing repression and obstruction.

Society's great task therefore is the understanding of the life force, its manifold efforts at expression and the ways of attaining this, and to provide as free and expansive ways as possible for the creative energy which is to work marvelous things for the future. It is peculiarly the physician's task also to understand the failures and, searching out their causes, to bring back the misdirected energy to racial service and individual health and happiness. The reward is twofold and it comes in the direct path of detailed psychoanalytic service. It lies in the bringing of the individual into liberating self-knowledge and thus into racial achievement; it moreover establishes the physician himself in a vital contact with the unconscious, the great energetic source of all that life means, and it compels him to swing into line with cosmic progress and its creative possibilities. His is no small share in freeing and directing the energy whether in his patients or likewise in himself and in setting it to the molding and forming of reality.

PAIN AS A REACTION OF DEFENCE

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As is indicated in the title, pain has been the prominent symptom in this case and that without an adequate physical basis. The history is presented in some detail because it seems to show rather clearly the mechanism by which a physical is frequently elaborated as a result—in a certain type of personality—of a more or less conscious moral conflict. In this case the writer feels that attacks of pain, of the nature to be described, have acted as a way of escape from the intolerable situation created by the action of conflicting forces in the patient's personality. It was her defense indeed for a line of action, which—without some such justification—she herself would admit to be evidence of great weakness. This was, in short, the total failure to take her place in her home—the patient being a married woman, thirty-eight years of age and the mother of four children.

Before going on to the history itself several points may be noted in regard to some common characteristics of such cases which are suggestive of the genesis of the conflict. Firstly the very existence of such a conflict implies a failure in the process of organization of the personality around one main line of activity or interest which normally occurs during the period of adolescence and which is so necessary if the individual is to be an efficient social unit. This failure will most frequently be evident in the persistence of a childish attitude in relation to the environment or childish type of emotional reaction, or the clinging to a relationship which changed conditions renders impossible. This means that the essential transition from adolescence, from childhood to maturity, has never really occurred because the qualities it involves have not sufficiently developed. This failure being largely developmental, all factors such as defective heredity, poor physique, unfortunate early environment, have their influence, the most important possibly being a lack of early training in habits of self-reliance.

But then, too, these individuals characteristically lack the power

to look at themselves in an objective way and so are largely unconscious of their failure, they frequently enter on new relationships, even such as make far-reaching claims upon them, without either giving up the old or wholly surrendering to the new. Sooner or later, however, it becomes apparent that both cannot continue. The individual becomes conscious that his life lacks unity and effectiveness, being pulled now in one direction, now in the opposite by conflicting desires. More important still in the face of this conflict he faces a paralysis of the will which renders the solution almost hopeless.

Perhaps it will be answered that very few of us present a fully integrated personality and that some measure of such conflict is nearly universal and results in no obvious mental or physical abnormality. This is, of course, undeniable, but the significant point is that in this type of individual the question as to which shall dominate is never settled or indeed never frankly faced. On the contrary the fact that there is a conflict between instinctive desire and the demands of their life is often rigidly suppressed from their consciousness.

Finally, when, as in the present case, the instinctive desire is given sway at the expense of the other demands, a need is felt for some justification for this and it would appear that the physical symptom supplies this need. As has been said before this is the writer's feeling as to the case presented below. Whether this be justified or not must be judged by the case-history itself, for after all facts are the only valid test for our theories.

CASE: Now, after this somewhat detailed essay on general principles, let us see if the facts in the present case are adequately explained by our theory. In presenting this history, the main facts as to the present illness will first be given, and then the other available facts which may throw light on the patient's special type of emotional reaction.

This patient is a woman now about forty years of age, married, and the mother of four children. She is bright and vivacious by temperament; unusually keen on the intellectual side; has quite marked artistic talent, and generally is a good sample of the cultured and well-bred American woman with numerous interests and quick sympathies. Physically she is of the type with highly organized, easily upset nervous system, but shows no apparent weakness. Nor have repeated examinations by good men shown any adequate reason for the fact that she has practically led an invalid's life for four years, giving up entirely the responsibilities of her home.

Inasmuch as the breakdown dated from the death of the patient's father, with whom her relationship had been of an unusually tender and intimate sort, the story of her relation to that event and the accompanying circumstances will be given as nearly as possible as narrated by herself: For months (before he died) she spent almost as much time with him as she did in her own home, but for ten days before his death the nurse who had been looking after her own children was away, so that she had to stay at home. She was called to be with him a few hours before he died. Just after his death, which was at 2 A. M., she went into the room and stayed alone, and she said that she then prayed earnestly to him that he would show himself to her again. She added that at the time she did not pray to God because her father had never taught her in any way to be religious, so that she did not know how. At this time, also, she sat a long time by the bedside and made a beautiful pencil sketch of her father as he lay there. That night, her husband said, she seemed to be in communion with her father's spirit: "that she seemed to hold on to his spirit, retaining it on earth." After a time she felt she "had no right to retain his spirit, so she let it go and it floated off."

The night before the funeral she had a long dream about her father. It was a dream which seemed to take possession of her, body and soul, and she "went down layers and layers and layers below the ordinary dream level." Her father came to her just for one moment and he had a look of strain and fatigue on his face, and said that he "had been through everything to get there." Later, she felt that in praying to him to come back she had gone against nature, and that she should bring up her children to have more faith than she had, so that they would understand better and not ask for something that would be unnatural. She is very sure that she did see her father; that is, not his body, but that his spirit, just for a moment, touched hers. She has no doubt but that it was supernatural. At the funeral itself she was very happy instead of dreading it, as she expected to do, and this she attributes to the dream she had the night before. She thinks "her sickness" may have dated from that time; it was such a tremendous experience. At any rate, she has not been well since.

This event occurred in March, 1911, and there were, in the following few weeks, various other occasions when her father appeared to her. On one of these occasions he "came in her sleep, dressed as if to go out. He did not speak but had a beautiful smile on his

face." This meant to her that he had come to tell her "that everything was all right." The note is made that after this she grew steadily more nervous and distraught. From this time on she uses the term "illness," though the only evident abnormality then was a peculiar and excessive reaction to a severe emotional shock, which had been preceded by a considerable period during which she was under a heavy physical and nervous strain. This excessive emotional reaction was shown chiefly in states of great nervous tension in which self-control became more and more difficult.

Hoping that a change of scene would be helpful, in July the family moved to a country village where they had a cottage, and on the way the patient said she thought her "head would fly to pieces." While there, a slight operation became necessary, for which she went to a small hospital, and this greatly upset her. While recovering from this, she rose one night, dressed herself, and was going to drown herself when found, then decided she would go to her husband who was at a considerable distance. When leaving the hospital, she was evidently under considerable tension and said her "mind had split," but this gradually passed off.

As things did not go well after this, the patient went to another private hospital at H—, where she stayed several weeks and improved greatly. In October she had recovered her normal self-control enough to go home, where she felt very well. Her husband, however, thought she was somewhat exhilarated. During the early winter she became depressed, and dwelt much on those things she said she had missed in life. The idea of suicide now came to her mind, but she made no attempt to carry it out. In this connection, it should be said that on account of his helplessness during the last few months before his death, her father had discussed with her the propriety of taking his own life, and an eminent scientific friend of his—whom the patient also greatly admired—gave it as his opinion that he had a right to do so.

As matters in the house went on badly on account of this depression, there being great difficulty in keeping servants, etc., on the advice of several physicians, the patient quite willingly went to another hospital—one for mental cases—in March, 1912, just a year after her father's death.

Now another factor became more and more evident: that of her approaching confinement. From the first she said she did not want a child, and later wished it would die, extending this after to a wish that the other three children and her husband would die also,

so that it would be right for her to die also. Early in June she went back, though unwillingly, to the hospital in H—— to be confined there, and the baby was born soon after.

The nurse who attended the patient at this time was evidently coarse and indiscreet in her manner or talk, and this greatly annoyed and worried her, making her recovery very slow. She had been expecting to go back home in the early fall, but suddenly her thought became very strongly centered on religious topics, and delusions with a religious coloring appeared, so that this return was impossible. She read the Bible a great deal, and early in October began to talk of Christ appearing to her. Then one night she felt some rather severe pain in the pelvic region, and this she thought "a spiritual pain" sent to indicate that God wanted her to go to India as a missionary. This idea, however, gradually faded away, and she became less confused, but was still afraid to be alone or in the dark, and in a generally apprehensive state. As she was unable to go home, it was arranged that she should come to the private sanitarium where she has since been. This she did quite willingly in the latter part of October, 1912.

The following abstract as to the examination made on entrance will indicate her physical condition at that time: "She has a good appetite and has no discomfort after eating. There is no evidence of dyspepsia. Pupils are of moderate size, equal, respond to light and accommodation. Tongue protrudes in median line, rather narrow, good color, slightly coated at the base. The hand grasps are very strong, the right slightly more so than the left. Knee jerks active, equal. No ankle clonus. Heart and lung examination negative, as also that of the stomach and abdomen. Patient stands easily on either foot alone with eyes closed. Patient was interested in the physical examination."

The patient's history since this time—some two and a half years—may be summarized as a semi-invalidism with rather irregular alternation of periods when she has mixed in the very quiet life of the sanitarium, and of others when she has stayed altogether in her own room, much of the time in bed. At these latter times, the patient's mental state has seemed to be one both of considerable mental confusion and distress, occasionally even of apprehension. She seems to live over, on these occasions, various incidents of a painful nature which occurred during the year of acute illness which followed the death of her father; and, indeed, the persistent and unusually strong reaction to certain past experiences is one of the

outstanding characteristics of the patient. It would seem that these memories act as never settled problems which keep continually claiming attention and creating a consciousness of the conflict between past desires and present responsibilities. As a matter of fact, the desires are evidently still *present* and active in the unconscious field, and the responsibilities have never been frankly faced or accepted. Several points should be mentioned as to these emotional crises: (a) they may be brought on by any circumstance which brings forcibly to her attention any of the "irreconcilable factors" in her situation; (b) they are characterized nearly always by more or less agitation and an "absent" expression which greatly resembles that of a hypnotic subject; (c) the only sort of therapy of any use has suggestion as its strongest element—whether persuasion, or a strong, nauseous but largely inert prescription. For a long time these fits of nervous agitation and general psychic upset were the chief features in "the illness." Very soon, however, another factor entered, which to the ordinary observer would seem to require a physical rather than mental explanation—that of severe attacks of pain. The development of this symptom will now be given briefly.

Reference has been made above to a single attack of pelvic pain occurring late in her convalescence from confinement which had been given rather a mystic interpretation by the patient. Several months afterward (early in the spring of 1913) patient began again to speak of this sort of pain, and in April a gynecologist was consulted to see if there were any pelvic displacement which might be at the root of this. No uterine abnormality was found, but the appendix was slightly tender on palpation. After this examination there was seldom mention of this special symptom for a long time. There were, however, frequent attacks of severe pain in the back of the neck which were greatly relieved by electricity.

In January, 1914, however, the pelvic pain reappeared with now a new feature. The patient then said she "imagined that she felt the head of a child pressing in the pelvis." This came on at intervals, associated frequently with delusions of some sort, *e. g.*, that a certain slight acquaintance had an important message for her which would make everything right, etc., and usually came at times when she was tired or emotionally upset. Then, again, she went to a specialist for an examination, and aside from more or less viscerop-tosis, no cause was found for the pain. An abdominal belt was prescribed for the ptosis and for a time seemed to give considerable relief. The effect, however, was only temporary, and indeed these

attacks have occurred with more or less frequency ever since, usually lasting only a few hours, but sometimes longer. The following is a typical entry in the history as to the character and associated circumstances of these attacks of pain: "Has had considerable pelvic pain this week from which she is rapidly relieved by strong continued pressure over the ovaries. Was upset coincident with a visit from her husband." Besides these more definitely localized symptoms, there has also been frequent complaint of severe pain, but without any definite localization. Nothing more has been heard of the headaches formerly so troublesome—in which the back of the neck was the site and which were relieved by electricity.

It will be noticed that the usual determining feature both for the attacks of pain and the mental "upsets" is some emotional stimulus, such as a visit from her husband or some other member of the family. It is important to note, in this connection, that there has been for years friction with other members of the family, especially the brothers and sisters, and that during her "illness" there has been considerable criticism of the patient, some of it to her directly and much which has come to her indirectly. The important influence of this family situation on the patient will be touched on later.

Lastly, the situation seems in many ways to remain almost stationary, with the alternation of good days and "disturbed days," and very little increase in self-control, as even yet the patient says the only occupation which does not make her "nervous" is making dolls' clothes.

To summarize: We have a woman of nearly forty who had a "nervous break-down" consequent to the physical and emotional strain of her father's illness and death. Before recovery from this, pregnancy and confinement accentuated the trouble. Mental symptoms—hallucinations, visions, and various religious ideas—making their appearance and rendering home life impossible, she began sanitarium life, which has now lasted some two and one half years. This has been characterized by great emotional hyper-irritability, periodic times of combined mental conflict and nervous agitation, and attacks of severe pain—all with no discoverable physical cause.

ANALYSIS: Let us now see finally whether the patient's history and temperament will afford any clue to how these symptoms have developed. First of all, the patient was, all through childhood and even when she grew up, a very close companion of her father, who was a well-known university professor. With this, there has been a great lack of sympathy between the patient and her mother, who

was of a totally different temperament. This one-sided, or rather unequal relationship, she was evidently acutely conscious of, as she said at one of her upset times that her "brother had said that her mother would never forgive her for having loved her father more than she (the mother) did."

The most significant thing about this unusually close sympathy between father and daughter was the fact that the father continued to be the dominant personality in the patient's life, to whom she looked for guidance, understanding and comradeship, even when normally these would have been found in her husband and home. Then, while there were no disagreements with her husband, there was friction and much obvious discontent because her husband—a professional man with only a very moderate income—felt himself unable to afford many things which she wanted and to which she had been accustomed. This latter element operated in a negative way by making the home circle less satisfying and so making the father's companionship all the more attractive.

With this fact in mind, consider the effect of the death of her father. There was, first of all, a sort of defiance of the inevitable separation as shown by the desire "to hold her father's spirit on earth" and the prayer that he should come back again to her. This goes on to produce what is essentially a divided life in which her failure to take up the ordinary home duties is largely caused by the fact that evidently she was still dwelling largely in the past comradeship with her father, which she could not, or would not, give up.

There was evidently the wish present—more or less unconscious—that this might in some way be resumed, and this even went so far at one time as to wish out of the way all the obstacles to it, when she wished that all the children and her husband would die, as it would *then* be all right for her to die, when such relationship could be resumed in the other world, as it was no longer possible in this. It would surely seem as if the consciousness of the irreconcilable conflict between this desire and duties which she could not ignore, were the origin of these periods of mental agitation. The habit of staring absently at some object, and producing a condition of auto-hypnosis, is also the result doubtless of the deliberate dwelling on the past, or as she would put it, a sort of holding converse with her father, which was, at any rate, a withdrawal from the ordinary world for a mystic one of her own creation.

Then as to her pregnancy and its effect on the situation: At first the coming of this baby seemed to stand chiefly as an additional

obstacle in the way of her desire—a new and stronger recall to the affairs of ordinary life, when this was just what she wished to escape. With this fact largely determining her state of mind, it was very unfortunate that the nurse who attended her in her confinement was very coarse and even disgusting in dealing with the physical side of the situation and so made her revolt from the ordinary physical claims of life all the stronger.

Now, many people suffer the loss of near and dear relatives with often the addition of a severe physical strain and yet do not react in any such way as this. Evidently the chief reason for this general psychic unsettling lay in some characteristic peculiar to the individual herself. This it would seem reasonable to connect with the unusually intimate relationship which had long existed between father and daughter. As this had evidently bulked even more largely in her life than her own home circle, it had at once introduced a conflict—albeit an unconscious one—into her life and had also prevented her from developing a morally self-reliant attitude in dealing with difficulties. When, therefore, a severe test came, she completely failed in the effort to meet it—in fact, the reaction was in effect an attempt to resist the inevitable loss rather than to summon strength to bear it. This is borne out by the whole course of succeeding events—the deliberate drawing away from her home cares in these spells of semi-hypnosis, the desire to avoid having another child, the occasionally expressed wish to take her own life, etc.

It is significant that before the death of her father, patient seems to have had no especial religious faith, saying at one time that she did not pray even then as “he had never taught her to do so.” But after this event there came more or less occupation with thoughts of “the other world” evidently as she considered him in such a connection. This developed into a tendency for a time to “spiritualize” all sorts of trivial occurrences, especially bodily symptoms and feelings. The “spiritual pain” with its bizarre interpretation (sent to show her she was to be a missionary to India) late in her convalescence from confinement is typical of this. The fact that a sort of mystic faith was both a support to her and quite in keeping with her own attitude, as a more practical work-a-day one with its demand to sink the self would not have been, would seem to sufficiently explain this development.

Two very important features still demand some explanation: the development of a seemingly baseless pain, and the fact that she seems to grow little better either in control or in self-insight.

The character of the pain, its treatment, and association invariably with emotional stimuli has been already spoken of. Patient has, for instance, declared to the writer that she would often be feeling "perfectly well" when in bed, but, deciding perhaps to dress and come down for dinner, before she had finished dressing there would come very severe pain and simultaneously "terrible thoughts about the family"—meaning the brothers and sisters whose criticism she resented so much. On another occasion she was quite upset and had an attack of pain come on when she met a brother and his wife in the vicinity of the sanitarium. Afterwards she remarked that she "was not so sorry to have them see" her at this time as then "they will believe I am really ill."

Being in many ways very conscientious, very affectionate, and genuinely interested in her children's welfare, she obviously feels the call, as any normal woman would, to fill a mother's place, and not merely see them occasionally for an hour at a time and delegate the rest to a governess. Accordingly, conscious as she is of the need to justify her situation, the criticism of the family she has resented the more. For the past two years she has felt herself "misunderstood and wronged" by them and for quite a time decided to read no letters from them until her husband had seen them, as so often they "upset her." Her expressed attitude was that she preferred not to see or talk with anyone who felt in "a critical spirit" toward her, as she thought she should reserve all her strength for "getting well"—though she never just defined what she meant by the latter.

Frankly, then, this pain seems to represent a continuance of an accidental experience, or the exaggeration of discomfort from ptosis, through an unconscious elaboration into a justification for her life of invalidism. It is natural, in this connection, to find that the patient is extremely hyperesthetic, both emotionally and physically. It seems as if frequently there was the attitude: "They think I can and ought to be up and live like others. Well, I'll try it and just see how it results." And there certainly seems to be a sense of satisfaction—though not admitted, of course—at the result, as if to say: "Now they must admit I have done my best and any failure is not at my door." Indeed, she has said as much frequently.

Finally, the stationary situation is the natural consequence of the total refusal of the patient to admit any view which would throw any responsibility on her for the situation. Her acute resentment of criticism even from a medical source, her willingness even for an

exploratory operation which was once suggested—which would serve as a sort of public justification whatever was done—and her resolute avoidance of fundamental issues: these all indicate an attitude which makes a real “recovery” hardly to be looked for.

If some degree of disintegration of the personality without mental deterioration is characteristic of the hysteric type, as Janet insists, it would seem that many things point to this patient being in that class. The habit of auto-hypnosis, the character of the pain and its associations, and the emotional conflicts, all are more or less characteristic of such cases. At any rate, it seems safe to say this patient’s “illness” or whatever we may term the breakdown, has been very closely connected with an unusual dominance of a childhood relationship through adult life, and the failure to develop moral self-reliance. The inferences are obvious.

SOME STATISTICAL RESULTS OF THE PSYCHO-ANALYTIC TREATMENT OF THE PSYCHO-NEUROSES¹

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The chief criticism which has been directed towards psychoanalytic treatment of the neuroses, has been that there are no statistics available showing the results of this method, the same as is the case in other departments of clinical medicine. It appears that this skeptical attitude was justified and it was with the purpose of disarming or minimizing such criticism that the following statistical study was undertaken. These statistics are based entirely upon personal investigations and experience.

The following results were obtained in a series of 93 cases of the various psychoneuroses and also of certain psychoses which were subjected to treatment with the psychoanalytic method. Some of the cases were quite severe, while others were mild, but in a large majority of these, other methods of treatment, such as drugs, rest, electricity, explanation and the various ordinary methods of psychotherapy, had been tried in vain. In fact, in certain of the cases, it seems justifiable to state, considering the inefficiency of other therapeutic methods, that the neurotic condition would have gone on indefinitely, thus leaving the patient in a condition of life-long misery and incapacity, had not psychoanalysis been utilized.

In the sexual neuroses, such as homosexuality and sadism, psychoanalysis was the only method which offered any hope of a cure or even an amelioration of the condition. In a large percentage of cases also, psychoanalysis was used as a last resort. This statement is made for the purpose of minimizing the usual criticism that the case would have recovered without the long psychoanalytic procedure. The fact that certain cases were absolutely unaffected by other therapeutic procedures, but recovered under psychoanalysis, is sufficient to invalidate any such critical attitude. Psychoanalysis,

¹ Read before the New England Society of Psychiatry, September 26, 1916.

therefore, is a rational therapeutic procedure requiring a specially elaborated technique and is based upon sound modern psychodynamic interpretations of the mental mechanisms of the neuroses.

The results as shown by the following table were most gratifying. So far as known, this is the first statistical study of psychoanalytic therapy. I have given the results only on those cases in which a complete psychoanalysis was done. All of my complete analyses are given in the table, regardless of the results. As can be readily seen, the study limits itself entirely to the practical results, without entering into the theory of psychoanalysis except for a minimum amount of necessary explanation.

TABLE OF RESULTS OF PSYCHOANALYTIC TREATMENT

Diagnosis	Recovered	Much Improved	Improved	Not Improved	Total
Anxiety hysteria	9	2	4	1	16
Hysteria	5	4	1	1	11
Anxiety neurosis	10	5	4	4	23
Chronic alcoholism	1	1			2
Compulsion neurosis	7	4		1	12
Sexual neurasthenia		1			1
Homosexuality	9	2			11
Psychasthenia	1	1		2	4
Stammering		5	1		6
Dementia præcox	2	1	1		4
Paranoiac condition		1			1
Manic-depressive insanity....	1				1
Sadism	1				1
Total	46	27	11	9	93

In analyzing these results, several important questions have to be taken into consideration, viz.:

1. The types of cases which best lend themselves to psychoanalysis.
2. What constitutes recovery in the various diseases.
3. Duration of treatment.
4. Determination of the progress of a case.
5. A discussion of the statistical results.

1. Types of Cases Suitable for Psychoanalysis

The cases to which psychoanalysis is applicable consist principally of the severe hysterias, the compulsion neuroses, the sexual neuroses, stammering, the anxiety neuroses and finally certain psychoses such as the paranoiac states, manic-depressive insanity and dementia præcox. In fact, I have come to believe, that early cases

of dementia præcox are distinctly amenable to psychoanalysis, since at this stage the contents of the psychosis are readily accessible and furthermore in the early stages of the disease the mental mechanism is strongly allied to hysteria.

2. *What Constitutes Recovery?*

In the anxiety states, a case may be said to have recovered if the fear disappears during the day and the anxiety dreams at night. In the compulsion neuroses, recovery may be designated if there are no further compulsive thoughts or acts.

In homosexuality, there must be a complete disappearance of the homosexual erotic feeling during the day and of the homosexual wish-fulfillment dreams either literal or symbolized, at night.

A case of dementia præcox (schizophrenia) can be said to have recovered if the patient once more comes into complete touch with reality. In an interesting paper on the process of recovery in schizophrenia, Bertschinger² has pointed out that there are three ways through which it is possible for a patient to regain control of his subconscious sphere, namely through correction of the delusions, through gradual alteration of the delusional form (resymbolization) and through evasion of the disturbing complex. These various methods refer to spontaneous recoveries, but I believe that in dementia præcox cases which are favorably influenced through psychoanalysis, the mechanism of recovery is quite different, namely, a complete transference to reality due to an actual breaking up of the mental process which originally produced the schizophrenic reaction.

In those cases which did not progress to recovery, the duration of treatment was for a sufficiently long period to demonstrate (1) either the impossibility of a complete transference (resistance) or (2) inability to break down the disturbing complexes or (3) a desire on the part of the patient to retain the neurosis, since the neurosis acted as a withdrawal from a reality which was felt to be unbearable. Under these conditions it could be easily seen that further therapeutic efforts would be useless. This wish to retain the nervous disturbance has also been observed by Oppenheim in the psychoneuroses of soldiers in the European war, due to the dread of being sent back to the front.

² Allg. Zeit. f. Psychiatrie, 1911, Trans. THE PSYCHOANALYTIC REVIEW, April, 1916.

3. *Duration of Treatment*

The duration of treatment in the various neuroses varied from a month, in the mild cases, to four or six months in the more severe types. Patients were seen either daily or three times a week, depending upon the severity of the neurosis and the progress of the case.

4. *Determination of the Progress of a Case*

The progress of a case is best determined by the gradual disappearance of the neurotic symptoms, or the change in the character of the dreams. Experience has shown that the latter offers the best objective evidence of the success or the failure of the psychoanalytic procedure, since the source of both the dreams and the neurosis is in the unconscious. Therefore from the dream, we can determine the transferences or resistances and the patient's attitude towards his neurotic symptoms. In the sexual neuroses, such as homosexuality, the purely sexual character of the dreams actually undergoes a change during the progress of the case.

Homosexual individuals are greatly troubled with either literal or symbolic homosexual dreams. If the psychoanalytic treatment is successful, the character of these homosexual dreams gradually changes and they finally disappear and are replaced by dreams of a bisexual nature, what I have termed hermaphroditic dreams. Finally as the treatment further proceeds successfully, the dreams become distinctly heterosexual and with this, the homosexual tendency disappears. Thus the dreams, in the psychoanalytic procedure, furnish the objective evidence of the progress of a case and are therefore of decided prognostic value.³

When recovery or improvement took place, it was found to be due to the actual therapeutic effect of the psychoanalytic procedure and not through any method of rational explanation or reëducation of the neurotic symptoms. In fact, in the technical procedure of the analytic treatment, as it has been elaborated through personal experience, all explanation of the patient's neurosis or of reëducation in handling his neurotic symptoms, has been carefully avoided. The favorable results obtained could therefore be interpreted as produced by the mechanism of transference, the breaking down of resistances and the setting free of those infantile limitations which were the prime factors in developing the neurosis and giving it its automatic character.

³ For further details, see my paper "Homosexuality, its Psychogenesis and Treatment," New York Medical Journal, March 22, 1913.

5. *A Discussion of the Statistical Results*

In looking over the table of results, it will be noted that the largest percentage of recoveries (9 out of 11 cases) occurred in the homosexual group, while in stammering, which is really a severe form of an anxiety neurosis, no complete recovery was recorded, although five out of the six cases subjected to the analytic treatment showed a great improvement. In the two cases of homosexuality, in which only a marked improvement was obtained, this result was probably due to an insufficient length of treatment in overcoming the resistance. It seems reasonable to suppose, therefore, that had these two patients remained under treatment a longer period of time, they likewise would have recovered.

Of course recovery in these, as in all such cases which are being treated psychoanalytically, depends upon the rapidity and intensity of the emotional transference, for without a proper transference, the successful therapy of the psychoneuroses is impossible. Because transference is so successful in the hysterias, the compulsion and anxiety neuroses and in homosexuality, the percentage of recoveries is large, because it is so difficult in the cases of stammering, recovery never occurred. In dementia præcox, the difficulty of access to the unconscious sources of the psychosis renders transference extremely difficult. For this reason only early or mild cases of dementia præcox are suitable for psychoanalytic treatment.

It is through the technical methods of psychoanalysis that we are able to watch the development of the transference and guide its direction and it is this factor above all, which makes psychoanalysis the most effective of psychotherapeutic methods in handling the psychoneuroses. A negative transference or resistance interferes with the success of a psychoanalysis and it is the duty of the physician to determine whether this resistance is produced through some present situation or due to infantile factors. Stammerers exhibit the strongest resistances which I have met with in psychoanalysis, because the stammering is a defence reaction and hence no recoveries could be recorded.

In the anxiety hysterias, some of the cases showed cyclothymic fluctuations. On the whole, the results were gratifying, viz., 9 recoveries out of 16 cases. The unrecovered cases were due to strong resistances, in one case to a strong incest-complex. In several of the cases, the distressing feeling of unreality completely disappeared.

In the group of the hysteria cases, many of the somatic symptoms disappeared after a short psychoanalysis, for instance, the

rapid cure of an hysterical blindness in an eleven-year-old girl.⁴ In another child of twelve, an over-emotional attachment leading to peculiar behavior during the day and terrifying dreams at night cleared up promptly.

The anxiety neuroses, in spite of rather a high percentage of cures, presented serious difficulties in treatment. In one of these the anxiety led to a severe insomnia which was cured in two months, although previous hypnotic treatment at the hands of another physician was ineffective. Three of the cases showed psychical impotence and the results of treatment were most gratifying.

In one of the cases of chronic alcoholism, recovery took place although the periodic alcoholic indulgence was of over twenty years duration and all other forms of treatment had been tried in vain. In this instance, it was shown that the alcoholism was a reaction to a strongly repressed homosexuality.

In three of the cases of the compulsion neuroses, the compulsive act took the form of kleptomania and in each of these cases, the recovery was complete. In another case, the fear of contamination greatly improved after six weeks treatment.

In the homosexual cases, the results were far more gratifying and with a much higher percentage of recoveries than under the older method of hypnotic treatment.

Since psychoanalysis is the most effective method yet devised for the treatment of that form of an anxiety neurosis which manifests itself in stammering, it has been concluded that a complete and radical cure of stammering is impossible, although as the statistics demonstrate, great improvement may take place. The duration of treatment was long, in three of the cases consuming six months.

The two cases of dementia præcox designated as recovered, present an interesting problem for discussion. One of these showed a typical schizophrenic negativism, which cleared up after two months intensive treatment. The patient, a young woman of twenty-nine, has remained well since, a period of three and one half years. In the other recovered case of dementia præcox, the schizophrenic reaction manifested itself in a typical shut-in personality and a withdrawal from reality. Success in both of these cases was attributed to the rapid positive transference and to the accessibility in penetrating to the disturbing complexes.

⁴For a detailed report of this case, see my paper "Some Hysterical Mechanisms in Children," *Journal of Abnormal Psychology*, Vol. IX, Nos. 2 and 3, 1914.

Of course, such a conception of the disease is purely a psychodynamic one, since there is little that is distinctive in the pathology of dementia præcox, excepting perhaps the disintegration chemical products which are found in the cortex in cases of so-called acute katatonic "Hirntod." It is possible that psychoanalysis may be quite effective in treating early or latent cases of dementia præcox in the sense of Bleuler, that is, those individuals with oddities of character, reticence, seclusiveness and other abnormalities of mental make-up.

The paranoiac state showed great improvement after two months treatment. In this case, the disturbing mechanism was found to be a repressed homosexuality, the same psychogenesis as has been recently emphasized by Freud and Ferenczi for all paranoiac states. The nature of the constitutional make-up of many schizophrenic and paranoiac cases makes treatment difficult and it is only in a certain group that one can expect help through psychoanalysis.

The manic-depressive case recovered in six weeks treatment in the midst of the depressed phase, although previous attacks had been of much longer duration.

The case of sadism presented great difficulties because of the strong resistance and the persistent mother-complex, but finally recovered after six months steady treatment.

It seems, therefore, that in psychoanalysis we have a therapeutic procedure which is based upon rational psychodynamic conceptions of the various neuroses and psychoses and it consequently must remain as the most efficient psychotherapeutic method yet known to medicine. It starts with certain conceptions of mental mechanism, conscious, and unconscious, and proceeds to unravel these through a well-elaborated and difficult technical procedure. The method is particularly applicable to those psychoneuroses which have failed to improve under any other procedure and it is the only method which penetrates to the fundamental disturbances and so effects a radical cure. Other psychotherapeutic and physical methods merely teach or train the individual to evade his disturbance, psychoanalysis reaches to the basis of the disturbance by penetrating into the unconscious sources of the actual neurosis.

Personal experience with the use of hypnotism and suggestion as contrasted with the psychoanalytic method, has shown that the latter is a therapeutic procedure of much greater efficiency and of higher value in reconstructing those disintegrated personalities which result from a severe psychoneurosis.

The future of psychoanalysis depends upon a careful statistical study of the effects of the method by different observers, on the various neuroses and early psychoses. By this means we can determine the reasons for success or failure, and with these data at hand the technical methods can be more definitely elaborated. Certain imperfections in the technique still exist and these can be better remedied by the study of a large series of cases rather than by the analysis of one or a few cases which show a special symptomatology.

CRITICAL REVIEW

ADLER'S CONCEPTION OF THE NEUROTIC CONSTITUTION¹

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Side by side with the present-day tendency in psychiatry to emphasize the interpretative phase of mental disease rather than the descriptive one, there has grown up a strong movement towards a delineation and elaboration of the mental substratum, of the soil if you please upon which mental disease develops. This is naturally more particularly the case with the so-called functional mental disorders, but it is true to a certain extent also of those diseases which have a more or less well defined anatomico-pathological basis. Take for instance alcoholism, a pure intoxication of the central nervous system.

A mere diagnosis of alcoholism may be a sufficient diagnosis from a purely practical point of view, but it is unquestionably an incomplete diagnosis from a scientific point of view—the only point of view which promises further advance in our knowledge of medicine. A diagnosis of the latter type would be first of all exquisitely individualistic, it would take cognizance of alcoholism as it relates to the particular individual under consideration, it would be based upon a research into the whys and wherefores of not only the specific causative agent of this disease, but also of the particular mode of development, type of reaction and expression which the disease had assumed in the particular patient under consideration. This method of research, however, has reached its highest development, thanks to the psychoanalytic school, in the functional disorders, and here the craving for more enlightenment has embraced, aside from a thorough search into the meaning of symptoms, a diligent and already quite fruitful exploration into the underlying soil which gives birth

¹ The Neurotic Constitution. Outlines of a Comparative Individualistic Psychology and Psychotherapy, by Dr. Alfred Adler. English translation by Drs. B. Glueck and J. E. Lind. Published by Moffat, Yard & Co., New York, 1917. Pp. 456 + xxvi. Price \$3 net, postage 20 cents. See adv.

to and houses the array of phenomena known as symptoms of mental disease.

Meyer's and Hoch's endeavors to delineate the dementia-præcox constitution—the efforts of Jelliffe and others to depict the cyclothymic personality—Freud's searching investigation and very promising elaboration of the paranoid character—all of these are efforts in the same direction.

In his book on the neurotic character Adler has carried out this method of research in a very thorough manner, and has perhaps given us thus far the most complete and technically most perfect description of the neurotic constitution. As we peruse his book we are struck again and again with the most thorough and incisive manner in which he proceeded in his search after the truth. His investigation into the forces which are operative in giving the life-spark and sustenance for the creation and moulding of the neurotic character carry him to the very beginnings of life and perforce create the profoundest admiration, whether or no we accept his views. In following him upon his journey of exploration new vistas are constantly revealed to us and in the end the neurotic stands before us like an open book, his symptoms covering the pages in a peculiar but thoroughly comprehensible language which Adler has termed the somatic-jargon (Organ-jargon).

In order, however, to be able to follow him intelligently and sympathetically, which is of utmost importance for the uninitiated, one must have imbibed the principle of absolute psychic determinism, *i. e.*, certain inadequacies of the psychic functions, and certain performances which are apparently unintentional prove to be well motivated when subjected to psychoanalytic investigation and are determined through the consciousness by unknown motives.

Without this one will soon drop by the wayside in this highly difficult yet exquisitely interesting journey of exploration. One cannot put the best that is in one into a search and an investigation for causes and antecedents—an investigation beset with many difficulties which often seem unsurmountable—unless one believes *a priori* that nothing happens fortuitously, that when carried to its ultimate analysis every mental phenomenon has its antecedent cause. Adler's book is written in a particularly difficult German and his ideation becomes at times extremely profound, so that when I attempt to put before you a concise résumé in the English language of his contributions to the subject of psychopathology I am terribly conscious of the task before me and I crave your kind indulgence if I may seem not sufficiently clear at certain points.

I have divided this review into three main parts.

Firstly I shall endeavor to delineate as briefly as is consistent with clarity the main idea which permeates Adler's work; secondly an endeavor will be made to compare Adler's view with those of Freud and point out the points of difference and departure in the views of the two authors; and thirdly an attempt will be made to show specifically how certain symptoms are handled by Adler in his analysis of a case.

It is, of course, common knowledge that the question of nervousness has occupied the minds of physicians from the very dawn of scientific medicine, and if we are inclined to believe that Adler has come nearer toward a correct solution of the mystery of the neurotic character than anyone else we do not for one instant forget the excellent contributions of his worthy predecessors and contemporaries without which as a foundation this illuminating superstructure would have been impossible. It has long been known that the neurotic shows a series of sharply defined traits of character which exceed the normal standard. The marked sensitiveness, the instability, the suggestibility, the egotism, the penchant for the phantastic, the estrangement from reality, etc., are all characteristics mentioned with greater or lesser emphasis in works on psychiatry. Finally Janet's sentiment d'incompletude, the stress laid by the French school upon the neurotic's feeling of inadequacy, spelled the last word in the descriptive phase of the neurotic. Some of these authors had gone a step farther and endeavored to discover the meaning of the various symptoms exhibited by the neurotic. It remained, however, for Breuer, and later for Freud, and still later for the less orthodox psychoanalytic school to subordinate the descriptive to the analytic mode of study of psychopathology, the fruits of which are common knowledge.

Symptoms which up to now served chiefly as a distinguishing medium between the mentally sick and the mentally well, became endowed with new qualities, new valencies, which to the initiated laid open the innermost life with its cravings and strivings, its hopes and disappointments; in short, it revealed the rocks against which the mind became shattered and the causes which brought about the ruin. This method of psychopathological investigation unquestionably marks one of the most important steps in the progress of scientific thought. But being purely analytic its slogan was the word "whence." Whence come the symptoms, what tale do they tell, and we are told by the echt-Freudians that once this query is answered, that as soon as we have succeeded in showing the patient

his true nature, in getting him to know himself as he actually is, the road to recovery is broken. To Adler, however, belongs the credit of having carried the analytic mode of investigation a step further. He has occupied himself as much as anybody with the question of "whence comes the symptom"—for which his very thorough anatomico-pathological researches into somatic inferiority are ample proof. To him, however, the question of whither does the symptom travel—what is its objective point—in brief, what is the *raison d'être* of the neurosis or psychosis is just as important if not of greater significance. This is the central theme of his work. He disposes of the descriptive phase of the psychopathology of the neurotic by agreeing with many another that none of the neurotic's traits of character are essentially new. The neurotic shows no single trait which cannot likewise be demonstrated in the healthy individual. The arrangement, the valencies, the threshold values of the various traits of course are different. His etiologic views while at many points in accord with the views of the psychoanalytic school are built upon a firmer and more convincing foundation. The neurotic according to him is essentially an inferior individual—strictly biologically speaking. This assumption of the neurotic's inferiority is not based upon that much abused, vague, and in the minds of some, entirely meaningless concept of degeneracy. No! It is based upon thorough and extensive anatomic and pathologic researches into the subject of somatic inferiority. (*Organminderwertigkeit*), as voiced in his "Studie über minderwertigkeit von Organen," 1907, and in a number of subsequent contributions.

The neurotic is somatically inferior, furthermore the inferiority regularly affects more than one organ, and what is still more important, especially, for those who still look with disfavor upon the psychoanalytic movement because of the prominence of sexuality in this movement, Adler's conviction is that there exist no organ-inferiorities without an accompanying defect in the sexual apparatus. Remember! We are still speaking of facts based upon anatomico-pathological researches in most of which Adler is substantiated by the findings of a number of other investigators whom he quotes at length in his book. Now then—what has, for instance, a defective gastro-intestinal apparatus or a defective visual apparatus to do with those traits of character which distinguish the neurotic? We shall see the relationship as soon as we follow Adler a step further and consider his principle of "compensation and over-compensation through the central nervous system." Here we shall again begin with physiologic facts before we discuss the psychologic ones.

Thus physiologically somatic inferiority brings about a concomitant reinforcement of certain nerve tracts—both quantitatively and qualitatively. A fair illustration frequently met with is the overdevelopment of certain sensory organs in the event of absence or defect of certain others. But inasmuch as every physiologic function has its psychic accompaniment or parallel, compensation regularly takes place through this psychic parallel.

A faulty gastro-intestinal apparatus—*i. e.*, a faulty organ of acquisition and assimilation, for instance, will be compensated through an overdevelopment of all those psychic traits which have to do with acquisitiveness—such as greed, avarice, penury, etc., traits commonly met with in the neurotic.

A defective visual apparatus will be regularly compensated for by an overdevelopment of psychic vision—furnishing us such traits of character as the phantastic day dreaming, the building of air castles, the estrangement from reality which of necessity goes with this—traits exquisitely neurotic in nature. And so it is with all the rest of the functions of the human organism—the central nervous system and more particularly the human psyche is constantly called upon to compensate for—to correct all those defects which are back of our failures in life, which are responsible for our frictions with the world about us. In this respect the neurotic does not differ from normal man—the difference becomes apparent only when an individual begins to transform these various means towards an end into the very ends themselves—when these various psychic aids which are to lead the individual to a higher goal become in themselves the goal of life—it is only when the individual has deified these means toward an end, and has taken them as the guiding principles of life, that he becomes abnormal, that we recognize in him the neurotic.

From what has already been said it will be seen that the realization by an individual of somatic inferiority forms for him a strong impelling force for the development of his psyche. We have seen how certain individual traits develop from this. But we are chiefly concerned with the neurotic character—with the sum total of these traits as personified in a sick individual, endeavoring to square himself with life.

The neurotic in his feeling of inferiority, in his sense of insecurity, constantly strives to find security through a development of those traits which will give him domination over his surroundings. Conscious of the subordinate rôle which he is doomed to play in real life on account of his defective organization, he seeks compensation

and gratification through the positing of a higher goal of life, though this goal be entirely fictitious.

The goal towards which the neurotic strives with all his might, for the realization of which he trains and employs all those psychic traits which brand him as an extra-social individual, is primarily a heightening of the ego-consciousness, the simplest formula of which is an exaggerated masculine protest (*männlicher-protest*). His cry is "I wish to be a complete man," "I wish to dominate," "I wish to be above."

This is the purpose of his psychosis—the object of each and every one of his symptoms and traits of character. But starting out by using these dexterities as means towards an end, as the stepping stones which are to lead him to this fictitious and regularly unattainable goal, the neurotic winds up because of his extreme sense of insecurity and because of his urgent necessity for a firm foothold in the vicissitudes of life, by raising the means to an end, to the value of the very end desired, in consequence of which he constantly comes in conflict with his environment and ultimately becomes extra-social. The means he employs for the attainment of this fictitious goal—and which we recognize as the neurotic traits of character—may be roughly grouped under two headings. The one embraces all those manifestations which have for their object the raising of the personal worth, the heightening of the ego-consciousness. The other comprises those which are to facilitate the degradation of others. These traits are constantly held in readiness by the neurotic on account of his constant fear of a set-back—of a degradation. They are thrust out into the environment like antennæ, testing the surroundings and informing him at once of every new danger which may threaten his ego-consciousness. To quote Adler, "If we may inquire why the patient wills to be a man and constantly seeks to adduce proof thereof, whence he has the stronger necessity of ego-consciousness, why he makes such strong endeavors to gain security, in short, if we inquire into the final reasons for these devices of the neurotic psyche we may conjecture that which is revealed by every analysis, namely, that at the onset of the development of a neurosis there stands threateningly the feeling of uncertainty and inferiority and demands insistently a guiding, assuring and tranquilizing positing of a goal in order to render life bearable. It is clear that this sort of psyche directed as it is with especial force toward a heightening of the ego, will, aside from specific neurotic symptoms, make itself conspicuous in society because of its evident inability to adapt itself. The consciousness of the weak point dominates the neurotic

to such a degree that often without knowing it he begins to construct with all his might the protecting superstructure. Along with this his sensitiveness becomes more acute, he learns to pay attention to relationships which still escape others, he exaggerates his cautiousness, begins to anticipate all sorts of disagreeable consequences in starting out to do something or in experiencing an injury, he endeavors to hear further and to see further, belittles himself, becomes insatiable, economical, constantly strives to extend the boundaries of his influence and power over space and time and at the same time loses that peace of mind and freedom from prejudice which above all guarantees mental health. His mistrust of himself and others, his envy and maliciousness become gradually more pronounced, aggressive and cruel tendencies which are to secure for him supremacy over his environment gain the upper hand, or he endeavors to captivate and conquer others by means of greater obedience, submission and humility, which not infrequently degenerate into masochistic traits, thus both heightened activity as well as increased passivity are expedients ushered in by the fictitious goal of a greater power, 'of a desire to be above, of the masculine protest.'"

To recapitulate, the neurotic stands under the dominance of a fictitious goal of personality, which he is forced to construct for himself on account of his extreme feeling of inferiority and uncertainty in life, and on account of his urgent need of a steadying, tranquilizing and safety-insuring goal, towards which he strives with all his might, to which he subordinates all his thinking, willing and acting. The feeling of inferiority and consequent psychic overcompensation originate from the neurotic's organic inferiority—from somatic defects of a structural, developmental as well as functional type—regularly accompanied by a defect in the sexual apparatus.

The proof which Adler adduces for these concepts cannot of course be briefly summarized and has to be read in the original. One can readily see in which respect Adler differs from Freud.

Freud assumes a force from behind which drives the neurotic onward, infantile wishes—psychic traumata of the past, a libido constantly striving for adequate expression and union—while according to Adler it is the fictitious and regularly unattainable goal which the neurotic sets before him that is responsible for the neurotic symptoms.

Libido here does not drive, but is forcibly drawn into certain channels by the goal ahead. As for the rest, the two authors are

in accord. Both entirely agree as to the significance of the symbolic in the life of the individual; both agree as to the importance of sexual apperception; but to Freud this forms the leit-motif in the life of the neurotic, to Adler it is only one of the many devices, one of the many dexterities by means of which the neurotic strives to gain his assumed goal.

Let us take, for instance, the "Œdipus complex," one of the psycho-sexual deviates so strongly emphasized by the Freudians in discussing psychopathologic states. In the last analysis this manifestation only means an attempt at identification with the father. Now then according to Freud psycho-sexual deviations are due to an arrest in the development of the psycho-sexuality at some intermediate point before normal hetero-sexuality is reached. Freud does not tell us why arrested development takes place at a certain half-way point. Adler agrees with Freud that sexual apperception plays a tremendous part in the life of the individual and more particularly in the life of the neurotic. He tells us, however, furthermore, first why psycho-sexuality is arrested at a premature and abnormal point (because of the real organic incapacity and deficiency) and secondly why, for instance, an individual develops, say, an Œdipus complex. In his sense of insecurity, in his endeavor to gain a sure foothold in life, in his striving towards the goal of complete manhood, the neurotic first takes as the model for his goal the father, the individual who dominates the family. We must not forget that this trait of imitating the father is common to all children and is perhaps one of the usual steps in the evolution of the child, but with the neurotic because of his extreme need of a steadying, guiding principle on account of his debilitating feeling of inadequacy, imitation alone is not sufficient and is transformed into actual identification, hence the Œdipus complex. A later identification with God is not infrequent (see Jones on the God-man complex). Or take for instance, a symptom-complex like the following: vague abdominal pains, shortness of breath, palpitation of the heart, nausea, vomiting, occasional astasia, tiresomeness, craving for certain foods, an array of symptoms not at all uncommonly met with in neurotic women. What does such a grouping of symptoms at once suggest to anyone—pregnancy, of course. That is precisely what the neurotic intended it for. It is to remind of pregnancy, that exquisite symbol of womanhood, of weakness, of dependency and subjection. Why does the neurotic want to be reminded of this? In order to stimulate all those activities which would guard, to protect against such a state of dependency. The neurotic's cry is to be a man—to be above

(Nietzsche's "Will to Power"). What is necessary to facilitate such a symptomology? A somatic hypersensitiveness—hypochondriasis—a tendency to pamper oneself, another group of symptoms commonly seen in neurotics—protective aids and dexterities, Adler calls them, which are to put the neurotic on guard against a possible degradation—against a possible set-back.

These are a few concrete examples of Adler's mode of analysis of psychopathologic states, and if I have succeeded in making myself clear, you must have noted that the chief distinction of Adler's mode of approach to the subject of the neuroses lies in his endeavor to discern the whys and wherefores, the object of the neurotic symptoms, aside from having given us a much more dependable etiologic basis than has heretofore been furnished for the neurotic condition.²

² See also Eng. tr. by Jelliffe of Adler's "Studie über Minderwertigkeit von Organen" under title "Study of Organ Inferiority and its Psychical Compensation," *Nerv. and Ment. Dis. Monog. Series*, No. 24.

ABSTRACTS

Jahrbuch für Psychoanalytische und Psychopathologische Forschungen

ABSTRACTED BY LEONARD BLUMGART, M.D.

OF NEW YORK

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end of 1909. C. G. JUNG.

1. *Concerning Hysterical Dream States.*—Dr. Abraham quotes from an article by Löwenfeld, *Über traumartige und verwandte Zustände*, published in the *Zentralblatt für Nervenheilkunde*, 1909; "The outer world does not make its usual impression. Familiar objects, daily happenings, seem changed or unknown, new and strange; or the entire surroundings have the impression of a fantasy, an illusion or a vision. Especially in the latter case it seems to the patients as though they were in a dream or half asleep, hypnotized or somnambulistic, and in speaking of these conditions they usually refer to them as dream states." Löwenfeld says further that these conditions can vary considerably both in degree and duration, that they are often closely associated with the feeling of fear and that they are usually accompanied by other nervous symptoms.

Abraham is the first to describe this condition from a psychoanalytic viewpoint. He maintains that his conclusions form an elaboration of disclosures concerning the mechanism of analogous episodic manifestations of hysteria. He cites some of his cases in evidence.

The first patient he saw only once, but cites him to show how limited our understanding of such cases is without psychoanalysis. Patient A. was inclined to day dreaming of great activity; all actual events or even a word stimulated him in this direction. As these increased in intensity he felt more and more withdrawn from reality. Numbness, followed for a short period by a feeling of "emptiness in the head," gave place to dizziness accompanied by fear and palpitation of the heart. The whole condition up to the appearance of the dizziness he characterized as pleasurable, but it gave place to nervous vomiting, nervous diarrhea, headache, great irritability, inclination to fear, etc. This case and all the following ones show quite clearly the connection between day dreaming and the dream state.

The typical introduction to a dream state is a fantastic ego exaltation. The next stage is that of dreamlike withdrawal from reality. He feels as though he were in a dream. The term "dream state" is spontaneously brought to the physician by many of these patients, and is based upon the fantasy production of the mind in the first stage and the alteration of the state of consciousness in the second. Abraham adds to these two a third or the state which he characterizes as blank consciousness. The patients themselves call this a "standing still of their thoughts" or an "emptiness in the head." The whole condition is ended by a depression state whose most important affect is fear accompanied by dizziness and palpitation of the heart. These periods are not sharply defined. In fact, transition states occur which can be recognized. The practical value of such an arbitrary division is its usefulness in discussing these analyzed cases. The point of greatest intensity in this condition is without doubt the third period, and it is of great significance that this forms the boundary of two opposing feelings. It is typical of these cases that the dream state up to the third period is pleasurable, while in the last period a very strong painful affect is described.

Abraham goes on to show that the conscious material that patients themselves give is of only limited value. It shows their ideas and feelings in these dream states, the incidents that start them going and the variations in their states of consciousness. Details of more cases would reveal the wide individual variations, but as long as we depend upon the patients' conscious material we never know the cause of their attacks. The neurotic usually indulges in day dreaming. Without psychoanalysis we would never know why day dreaming at times gives rise to these acute attacks with changes in the state of consciousness. Likewise an understanding of the "withdrawal from reality," especially the feeling of strangeness and unreality, would remain obscure; we would be

completely in the dark concerning the temporary blank consciousness and the appearance of fear with its accompanying symptoms. Each separate case presents its own particular riddles, of which the fantasies of the primary and final states are especially inexplicable without analysis. The solution of the problem lies in psychoanalytic investigation of these fantasies.

Freud teaches that fantasies are the expression of instincts. Wishes, whose material fulfillment is inhibited, are satisfied by the power of imagination. In the neurotic the entire instinct life is hereditarily of abnormal strength, with an accompanying tendency toward instinct repression. In the conflict between these two forces the neurosis is formed. It is due to the power and manifold form of his instinct life on the one hand, and the multitude of his repressed wishes on the other, that the neurotic is a dreamer. As experience shows, he inclines to much day dreaming and his sleep is apt to be rich in active dreams. But the power of his repressed instincts is so great that he cannot be satisfied with normal means of expression. For the normal individual a certain amount of day dreaming or other fantasy activity is sufficient vent for his repressed tendencies. Not so for the neurotic. He must also use the neurotic dream state to express himself. Psychoanalysis shows the all-governing significance of the sexual fantasy in these states. It becomes clear that the apparent non-sexual fantasy, through the process of sublimation, has arisen out of sexual wishes. Those fantasies which have been allowed to come into consciousness by the censor serve simply to clothe repressed wishes.

The next case Abraham reports is one which he was able to analyze. Patient B. suffered from unusually severe hysteria with phobias and compulsion symptoms. He feared to leave the house, with the result that for the last five years he had been unable to practise his profession and had lived as a recluse. Dream states had recurred with great frequency since he was ten years old. The subject of these fantasies was always extraordinary egoistic superiority. They could be induced in later years by a wide variety of happenings, praise of schoolmates, lectures, theaters, etc. The only external signs of all these fantasies were that he increased the speed with which he ran around the room, or else broke into a run on the street. He himself characterized this as an ever-increasing "enthusiasm."

These symptoms gradually brought the patient to the second state, which he called "turning toward within" and "shutting off all outside impressions." "One loses in one's fantasy the ground under one's feet." From then on he seemed to be in a dream. His entire surroundings, even his body, seemed strange to him, and he doubted as to whether he really existed. Soon appeared the typical third state, that of arrest of thought, quickly followed by the feeling of fear which proclaimed the appearance of the fourth state, dizziness, the feeling that he could not go

forward any more, could not lift his legs, that he was gliding, falling, sinking. All this was accompanied by a high degree of fear. He characterized the first state as pleasurable, even although in this state of "enthusiasm" there appeared an opposing current which made itself apparent by a feeling of chilliness. We see here the paresthesias and vasomotor symptoms that accompany the dream state. In the period of blank consciousness the chilliness became intense and with the advent of fear he sometimes felt a wave of heat spread over him, a congestion in the head. If the feeling of fear resulted in the feeling of weakness, chilliness became more marked with an accompanying sensation as though parts of his body were dead.

Although he desired the dream state because of its accompanying pleasure, the patient attempted to stop the process before it reached its highest point, blank consciousness. The last period was very protracted in this patient, and in order to free himself from the accompanying fear, he used very peculiar means: he lighted a cigar. When Abraham began to analyze this patient, the latter spontaneously declared that he had considered these dream states for a long time as a sort of spiritualization of his sexual instinct. He belongs to those neurotics who through early childhood masturbated, and who later were in constant conflict with this habit. The attempt to break it, often tried and as often failing and then tried again, resulted in the well-known disillusion, self-reproaches and hypochondriacal worries.

Now Freud has brought proof that the episodic manifestations of hysteria very often have the significance of being substitutes for a broken habit of masturbation.

Abraham shows that the dream state is an analogous condition. This patient in his earliest youth was used to day dreaming of a very active kind, which led to fantasies during which he was wont to provide an outlet by the act of masturbation for the stored up energy that these fantasies stimulated. As he attempted to free himself from his auto-erotic activity, the day dreams needed a new outlet. They therefore became the primary period of his dream state just as they had formerly been the primary period of his masturbation. The second period, withdrawal from reality, and the third, blank consciousness, are the corollary of rising sexual excitement and its summit in the moment of ejaculation. The final period with its fear and weakness are taken over in toto from the masturbation, and are symptoms which are the inevitable consequences of masturbation in the neurotic.

Abraham goes on to show the relation that exists between the second and third periods of the dream state and masturbation. The rising sexual excitement leads to isolation from reality and shutting off of all external impressions. The power of the repressed wishes is so great that when they rise from the unconscious and reach consciousness as fantasies fulfilling the desires, they appear to the patient more real than

reality, thus reducing reality to a dream. The feeling is very common to neurotics who, in order to satisfy their sexual demands, withdraw from the world. This patient remembers that one of his earliest and favorite fantasies was that he would be able to go to a room hidden under the earth in the middle of a forest, and there in this secret room he could indulge his desires. This wish repressed into the unconscious rises to consciousness as a fear against closed spaces which dominates him to this day. The third period, where the peculiar disappearance of thought into blank consciousness is noticed, is the state which is especially well marked in neurotics as the height of sexual excitement.

Although we see that the dream state is a substitute for a satisfying form of sexuality which has been given up, we are still far from a complete understanding of its manifold phenomena. Fantasies of the first and fourth states are so individual that we can only understand them on the basis of a close analysis of the instinct life of each patient. This patient's infantile love had become so fixed to the people in his immediate surroundings, that its normal separation was not possible at puberty. The inclinations towards aggression were very largely sublimated, but not sufficiently so, and therefore the patient had to rob them of their destructiveness by using their energy in the opposite quality. The aggressive impulses toward the mother were therefore transformed into complete passivity, and absolute dependence upon her, which has persisted to the present day. He is bound to her and to the house as if he were a small child. One very rarely misses this complete dependence upon some one individual in cases like agoraphobia. If he attempted to leave the house this act would symbolize for him a forbidden thing, *i. e.*, the separation from the mother, with which was confounded the fear of falling a victim in homosexual desires. Therefore there is a continual repression which resulted in the extreme violence of his attacks of nervous fear.

The final period represented a reversion to his passive infantile state with its depression and lack of courage. He believed that he could not walk another step, which was a beautiful symbolization of his actual psychic condition. His unconscious tendency to remain in his infantile state was the victor. It was no wonder then that he appeared small to himself, while people and spaces seemed extraordinarily large. Like a child who had not yet learned to walk he would like to crawl on all fours towards home and mother. The dream state in this patient gives an insight into the conflict between instinct and repression which takes place in every neurosis. Repressed desires, originally of abnormal strength, tear themselves loose from the unconscious only to be again repressed into it.

The very next case will show that these dream states do not have the same tendency in all cases. The dream states of Miss C. were always the result of an unavoidable actual situation in which she felt repressed,

tortured and degraded. Conversation of a painful content, or a bodily malaise, such as menstruation could be the inciting cause of the attack. She says: "During my period I lose all sense of reality." In addition to this she was able to bring about her dream states voluntarily. If she was on the street she had the feeling as though she must fall; she could not go home alone; she felt impelled to talk to the first man who came along. The "falling and talking to a man" have a double meaning. They characterize not only her helplessness and need of assistance but also point to the prostitution fantasy so often and so secretly held by hysterical women.

From this patient we also learn of very protracted dream states which are extremely corroborative examples of the neurotic's withdrawal from reality in order to fulfill their repressed desires.

Patient D. suffered from early childhood with severe hysteria which had made him almost completely unsocial. He spoke only that which was absolutely necessary and would not eat in the presence of others because to do so made him a victim of violent fear. He also had dream states. This extraordinary method of living was motivated by a strong fixation of his libido upon the people in his immediate surroundings. Every time he went out he was possessed by violent fear. His heterosexual desires were fixed upon his mother and sisters, while his homosexual desires expressed themselves in fantasies concerning his father. The moment he approached a stranger his sexual fantasy began to transfer itself to this new person and was immediately repressed. All those sexual fantasies were used as an introduction to masturbation. We see in this case the dream state in its direct and original association with masturbation. For many years he continued this masturbatory dream act during his school life. If while in this twilight condition he were suddenly asked a question by the teacher, violent fear would set in. This dream state gradually extended and was almost continuous in that he felt himself alone, away from the world. Very often if he found himself in a situation that was painful he closed his eyes and voluntarily called to his aid his dream states. While being analyzed he would always close his eyes when a topic came up about which he did not wish to speak, and it was then absolutely impossible to get a word out of him. From this patient we also learn of very protracted dream states, which were extremely corroborative examples of the neurotics, withdrawal from reality in order to fulfill their repressed desires.

Patient E. showed a very strong infantile sexual transference to both parents. He was greatly bound to his mother, so that it seemed strange to him that although grown up he still had the feeling that he was a child. It was the death of his mother that brought on his dream state which lasted for a long time. For many months he felt as though he were living in a dream. Spontaneously he said: "I cannot conceive a reality in which I am not side by side with my mother." In the place

of the repressed fantasies of the death of his mother, there had been in his consciousness the thought that his own life depended on hers and would stop when hers did. The death fantasies were now directed against himself, and with these there went hand in hand the concept of the worthlessness of the present. With the death of his mother the world had ceased to exist for him. As in the former cases, everything appeared strange to him; as though he had never seen them. Such dream states then began to occur quite frequently but without disturbing him in his daily routine, and in general he was able to carry on his profession, which required intensive intellectual effort. He suffered from periodic headaches of great severity. Three years ago he determined to seek the help of a neurologist, who attempted to aid him by hypnosis. This was unsuccessful, but E. was able by some sort of auto-hypnotism to diminish his sufferings. Although relieved by this means, he was not cured. He wanted Dr. Abraham to hypnotize him. He maintained at the time that his highest ideal was the passive state. His whole sexuality showed the impression of a strong masochistic tendency. Now his dream state brought the fulfillment of his desires. Through analysis we finally see that it is his identification with his mother leading to a desire to be a woman and to get his sexual pleasure as a woman does, that dominated the content of his fantasies and dream states, for it is in these latter that his wishes became fulfilled. With this assumption of his desire to be a woman, the cause of his periodic headaches becomes clear. He tells us that his mother suffered from childhood with headaches caused by menstruation. They made her very irritable and sensitive, and lasted three or four days. The patient's headaches caused him exactly the same irritability and sensitiveness. He has to stop work and go to bed for the first two days. He therefore identified himself with his mother. So the headaches as dream states served him as a metamorphosis towards femininity.

The final observation is a fragment of another psychoanalysis and does not show, as the other cases do, a well-marked dream state. Patient F. revealed a state preliminary to this. He demonstrated in an especially illuminating way the derivation of dream states from day dreaming and showed the close relationship existing between neurotic dream states and night dreams. He is ruled by a frequently recurring fantasy of such intensity that he calls it his "compulsion idea." He identified himself with the hero of a story. "When I read a love story I believe I am the hero whom women eagerly court." In reality his sexual activity is very reduced. In addition to these neurotic dreams he is possessed by fantasies of fame. He fancied himself a Krupp or a Napoleon and pictured to himself how ruthlessly he would force his will upon his underlings. It was very difficult for him to free himself from these day dreams. He did so by reciting to himself a poem, such as "Die Lorelei," or some other poem learned in childhood.

One sees from these fantasies that they are the means his repressed sadistic sexual instinct has of satisfying itself. He had the feeling also that he did not give the impression of being a man, that people treated him as though he were a child. In his dreams he became an energetic despotic man, only to relapse at their termination into the dependent, weak child. The poems of his childhood owe their power of breaking up his fantasies to the fact that through them he felt himself transported back to childhood. Although this case is not one of dream states, such as have been described, it has one important characteristic in common. During his fantasies he lost control over his thoughts, and, just as the other patients do in order to break up their fantasies, he required a new means and used it extensively before it worked.

This same case shows that the day dreams can be a preliminary state to night dreams. The patient relates a number of dreams which have recurred repeatedly since his childhood. In one of these he was attacked while in bed by a bearded man who stabbed him with a dagger. He lay there passively as if his hands were paralyzed. He awakened from this dream in great fear. More frequently he dreamed he was followed by a lion; finally and with great fear he managed to slip through a crack in the wall where the lion could not follow him. The man with the dagger was the father whose "attack" upon the mother the patient witnessed as a small boy. The dream revealed the repressed wish of the patient to take his mother's place in his relation to the father.

Analogous to the dream states are the hypnoidal and twilight states. Abraham shows that the mechanism of the dream states is analogous to the manifestations in hysterical attacks. The cases of which he speaks are those of very severe neurosis, but that does not necessarily mean that the milder forms are free from these dream states. All neurotics have an inclination to day dreaming. They seem to be unable to overcome the auto-erotic desires of their childhood. The simple day dreams and those complicated structures which they may lead to, serve the purpose of allowing these individuals to flee temporarily from reality into childhood. If one is predisposed to the production of these dream states, he needs but a mild stimulus to activate the repressed complexes. Especially in the mildly neurotic patient these dream states often escape the observation of the physician or their real significance is not understood. It is not infrequent, for instance, that a patient tells the physician (and this is by no means true during psychoanalysis only) that she feels as though she were hypnotized by him. This is nothing but a rather transparent act of transference. The patient is unconsciously ready to subjugate herself to the will of the physician. The fantasy produces this desire of hers as being fulfilled. Other hysterical people feel thus hypnotized when in the presence of the object of their love.

Abraham tells of a patient who was constantly being overcome by fear in the street cars. She had the feeling as though she were being

"bored through and through" by the glances of any man who happened to sit opposite. The result of such an occurrence was the condition which she describes as a sort of "hypnosis," and which was regularly followed by fear. Other neurotic girls report that in the middle of a conversation with a man they suddenly feel themselves withdrawn from reality. They seem to lose the sound of their own voice, and it seems instead to be that of a stranger. This is immediately followed by a blankness of mind, to which is added fear and a feeling of shame. One learns that these individuals have busied themselves extensively with day dreaming. Just as the hysterical attack is brought on by association when the complex in the unconscious is stimulated and thereupon expressed organically, just so the dream states provide the neurotic with substitutes for his prohibited sexual activities. His unconscious makes use of these substitutes so long as there is no satisfaction for his wishes.

On the other hand, if his libido is given sufficient expression, the dream states diminish, in fact, disappear completely. Abraham saw this occur in the case of a mildly neurotic woman as soon as she was sexually satisfied in her marriage. In another case the same thing happened when he was able to cure a man of psychic impotence. Here the restless and fruitful productivity of his sexual fantasy was reduced to a normal state as soon as he became potent.

Analysis of dream states proves again the extreme fruitfulness of the Freudian ideas. Since the existence of psychoanalysis we are not limited to a mere description of the symptoms of neurosis. We are able to grasp their significance, to understand the individual variations, to comprehend the conditions and motives of their origin and to show the forces that activate them and their tendencies. We understand also the individual characteristics of our patients because we not only investigate their present emotional life, but also the repressed desires of their childhood; which faithfully preserved in the subconscious seek to renew the infantile pleasurable situations by means of fantasy.

2. *Conflicts in the Mind of a Child*.—Jung received from the father of a four-year-old girl, Anna, data which impressed him as strikingly corroborative of Freud's observations of "Little Hans." This girl is robust and has never been ill, has never shown any nervous symptoms, and is of normal intelligence.

When she was about three years old she had the following conversation with her grandmother.

"Grandmother, why are your eyes so wrinkled?"

"Because I am old."

"You are going to get young again, aren't you?"

"No. You know I am going to get older and older and then I am going to die."

"And then?"

"Then I shall become an angel."

"And then you will be a little girl again, won't you?"

This shows how Anna solved one of her problems. For some time she had been asking when she was going to have a live doll, which naturally led to questions as to where babies came from. But as her questions came spontaneously and without emphasis her parents attached no importance to them, but told her the usual story about the stork. Somewhere she had heard, too, that babies were angels who lived in heaven and were brought down by the stork. This seemed to be the starting of her quest, as was shown in her talk with her grandmother. Her theory has an extensive use; it pleasantly does away with the painful thought of death and at the same time solves the mystery of where babies come from. Doubtless this simple concept is the nucleus of the reincarnation theory which is still held by millions of people.

The coming of a new brother when Anna was four was a turning point of her life, and formulated her wonder as to the origin of children into a distinct problem. Her mother's pregnancy had apparently made no impression. The evening before the boy's birth, when the labor pains had begun, her father said: "Listen, dear. What would you do if you were given a new brother to-night?" "I'd kill him" came her prompt answer. "To kill," taken at the child's valuation, means merely to remove, for children use the word promiscuously for any and all kinds of "getting rid of."

The baby was born the next morning. Her father told her the news and took her into her mother's room. Glancing at the mother with shyness and distrust she showed so little joy over the baby, that the parents were disappointed with the cold welcome she gave it. During the morning she stayed away from her mother, but in the afternoon when she found herself alone with her, she ran to her and whispered: "Mother, are you going to die now?"

Here is a marked point in her conflict. The stork theory evidently had not been accepted, but the other story, according to which a person died and thus gave life to a child, impressed her. According to this mother had to die. How then was she to be happy over the baby, of whom as a matter of fact she was already jealous in the normal childish way? So in a favorable moment she assured herself that mother was not to die. With the happy outcome of her inquiry the reincarnation theory received a sad blow. But how explain the birth of her brother? There remained only the stork theory.

Her attempts to clear this up were unfortunately not observed, for she was sent to her grandmother's for a few weeks. There she frequently mentioned the stork story and it was always supported by the grandmother. When she returned home she greeted her parents with the same shyness she showed after the birth of her brother. Towards the latter she was a little more cordial. There was a nurse, however,

to whom she was most unfriendly, albeit she was much impressed with her uniform. The cause of her opposition soon revealed itself in an angry scene by the baby's crib, when Anna cried out "It's not your brother, it's mine." But she soon became reconciled and shortly after began to play nurse. She developed a mildly elegiac state, slept for long hours under the table, and in a singing voice told long stories, some incomprehensible, some having the nurse as their motive, and some distinctly mournful. This ushered in a new condition which we are accustomed to see in the adolescent when he begins to separate himself from family ties as his growing individuality asserts itself. But his inner fixation to the warmth of the parental hearth produces homesickness which expresses itself in compensatory poetic fantasies. If it seems paradoxical to compare the psychology of a four-year-old child with that of an adolescent it should be remembered that the similarity does not lie in the age but in the mechanism of the mood. The mournful dreamings show that a part of the love which had formerly belonged, and should continue to belong, to an object, had been introverted, turned within, and there produced increased fantasy activity. That this introversion is not characteristic of the psychology of adolescence alone, but of conflict, which is usually more associated with adolescence, the following incident will show.

Anna was often disobedient and defiant, saying "I am going to my grandmother's."

"But I shall be sad if you go away," replied her mother.

"Oh, you will have brother."

Anna's motive in making this threat is clear. She wanted to find out if her brother had entirely supplanted her in her mother's love. But one must not take too seriously these little chicaneries. That she saw and felt that she had lost nothing of her mother's love, in spite of her brother's existence, and that she knew her reproach was unjustified, was betrayed in her affected tone. One hears the same tone in adults when by emphasizing their reproaches they show that they are not to be taken too seriously. The incident is a preliminary manifestation of a resistance which expressed itself later as follows:

"Come, we'll go into the garden now," said the mother.

"You lie. You will see what will happen if you do not tell the truth," Anna indignantly retorted.

"Why, what is the matter with you, child? I am telling the truth."

"No, you do not tell the truth."

"But you will see that I am telling the truth. We are going into the garden right now."

"Is that true? Is it really true? Aren't you telling a lie?"

Scenes like this occurred frequently, Anna always emphasized the word "lying." Her parents did not understand this and failed to attach to it that importance which should be given to children's spontaneous

utterances. And this is the failure of education in general; one does not listen to children, or one listens too little. In all important events they are treated as irresponsible beings, while in trivial matters they are trained to be perfect automatons. Back of such resistance is always conflict, and at some later time, and in other circumstances, it will express itself.

Once Anna said to her mother "I would like to be a nurse when I am big."

"I wanted to be a nurse, too, when I was a child."

"Well, why didn't you?"

"Because I became a mother instead, so I also have children to take care of."

"Will I become another woman than you? Will I live in a different place? Will I be able to speak to you then?"

Here Anna shows clearly her desire to have a child, as the nurse has. It is quite clear where the nurse got her child; therefore Anna could get a child in the same way when she grew up. Where did mother get a child if not in the same way that the nurse did? Evidently there is nothing in the stork theory and nothing in the angel theory; therefore one gets a child just as the nurse did. So Anna asks from her viewpoint "Why didn't you become a nurse?" Without doubt it is the problem of the origin of children that is bothering her. The stork did not bring it, mother did not die, and as the nurse got the child, her mother didn't.

Moreover she had asked her father about it and he had told her that the stork brings children, and she knew this wasn't true, and refused to be fooled by it. Therefore father, mother, everybody, told lies. This cleared up her distrust of her mother when the brother was born, and why she accused her mother of lying; and shows how her elegiac dreamy condition was produced, and, too, the real object for which part of her love had been taken, inducing introversion from her parents, in whom she had no more faith. She must have been sorely troubled, thinking in a half-formed puzzled way "What is it that they won't tell me? It must be a secret, and maybe dangerous." It is perfectly plain that the sublimation power of a four-year-old is not developed, and therefore its mind is forced to other compensations. The usual one is that which Anna had almost forgotten—crying at night. She had cried much in her first year, but had outgrown it. Now it returned.

The earthquake at Messina occurred at this time and conversation often centered around it. Anna was tremendously interested and made her grandmother tell her repeatedly how the earth rocked and the houses fell and the people were killed. From this time they dated her daily fear of remaining alone in the evening. Her mother had to stay with her because without her Anna feared the earthquake, the destruction of the house and her death. She was occupied with the same

thoughts during the day, also, and while taking a walk with her mother she would ask: "Will the house still be standing? Will father still be alive?" and every stone that she passed brought the question "Is that from the earthquake?" If a house were in process of construction she found in it an example of the destruction of the earthquake. She would wake in the night screaming that the earthquake was coming, that she could hear its thunder. They tried to reassure her by telling her that earthquakes only occur in the neighborhood of volcanoes. Then they had to prove that the hills surrounding the town were not volcanic. This reasoning led to a natural intellectual research on her part, in which she demanded to be shown all the volcanoes in the encyclopedias and atlases in the library. She would look at these by the hour and her questions were endless.

This was a very energetic attempt to sublimate fear into intellectual impulse, an effort decidedly precocious at her age; and just as with many another gifted child trying to work out its problems, her efforts were stimulated, surely not to her gain. If one assists sublimation at this age one feeds a neurosis. The root of the impulse toward knowledge is fear, and fear is the expression of an inverted libido; in other words it is an introversion which has become neurotic, and for a child of this age is neither necessary nor favorable. Anna's goal in her search becomes clear from her almost daily questionings: "Why is S. younger than I? Where was Fritz before he was born? Was he in heaven? and what did he do there? Why did he come just now and not any sooner?" These suggested to the father that the mother should tell Anna the truth. So when she again asked about the stork her mother told her that the stork story was not true, but that Fritz grew in mother just as the flowers grow in the earth. He was very small at first and grew bigger and bigger just like the plants. The child listened without the least astonishment and then asked: "And did he come out all by himself?"

"Yes."

"But he cannot walk yet."

"He must have crawled out," said her younger sister.

"Is there a hole here (pointing to her chest) or did he come out of the mouth? And who came out of the nurse?" Without waiting for an answer Anna went on "No, I know. The stork brought brother down from heaven," and before her mother could reply she left the subject and asked for the volcano pictures.

Although she said no more that evening, the sudden revelation evidently brought new and wide viewpoints, all more or less focused on the question whether children come out of the mouth or out of a hole in the chest. These ideas are not unknown even to adults, for many young women still believe that children are born through the abdomen or are cut out; theories which are nearly always the result of sexual acts

practised upon the recto-genital openings, bringing those openings into disgrace in the child's thought of them. One wonders why children have this idea of birth through the mouth or through a hole in the chest when they know of the openings in the lower part of the body, from which they experience a coming forth—since that is what the child feels. The explanation is simple. At the time when they usually have an exaggerated interest in their rectal and urinary openings, this interest arouses the opposition of the mother's educational and cultural ideals, and the child learns that it must not talk about these things. Hence when they try to work out the problem of birth they exclude these openings. One can excuse such an error in a four-year-old child when one remembers all the people, who, in spite of maturity and acute perceptions, never see anything sexual in life.

Anna's sister had more curiosity about her excretory products, and forbidden to indulge this interest she refused to eat anything which came to the table which in the least reminded her of them. Anna herself, more obedient, adjusted herself to the demands of environment, with the result that she thought of the simplest and most natural thing last. Wrong statements put in a child's mind in place of truth last for years, until at last there comes from the outside world a brutal revelation. It is no wonder that theories whose origin and preservation have been encouraged by parents and educators, should be the important determiners of symptoms in the neuroses, or become delusions in the psychoses.

When Anna knew that her brother grew in her mother her problem of where the child comes out was complicated by her new knowledge, and she began to reason out why mother grew children and nurse didn't.

One day at dinner she announced: "My brother is in Italy and he has a house made of glass and cloth and it does not fall down." The resistances were too great, so she would not let herself be questioned. It had been noticed that for about four months the children indulged in the stereotyped fantasy of a Big Brother who knows everything, can do everything, has everything, has been everywhere, and is allowed to do everything that they are not allowed to do. Every child has such a Big Brother. The source of this fantasy is the father, for he is the producer and seems to be a sort of Big Brother to mother. This Big Brother is very courageous and is living in dangerous Italy in a house that is indestructible. This fantasy realized an important wish for Anna—the earthquake ceased to be dangerous. Instead of calling her father to her at night to drive away fear she showed the greatest tenderness and affection for him. In order to test her he showed her some pictures of volcanoes and their destructive results, but she was indifferent and said "They are dead. I've seen them so often."

The next day she verified her new knowledge about birth by asking explicitly if Fritz grew in mother, and if she and her sister did too, and

if father grew in his mother, and mother in hers and the servants in theirs. Evidently her distrust was the stimulus for these questions which sought to establish the stability and truth of what she had been told. Occasionally it was noticed that she told the stork-and-angel story in a singing tone to her dolls. Only once did her new knowledge appear to be in danger, when a week after these explanations she ran into her father's room and unexpectedly saw him in bed. He had the grippe, but the child did not know this, and she stopped in astonishment, looking shy and distrustful. Then she exploded "Why are you in bed? Have you got a plant in your stomach?" Her father told her that children do not grow in men but only in women, an explanation that restored her confidence again. She said nothing for a few days, but that she had been working in her depths was revealed one morning when she said: "Last night I dreamed of Noah's ark, and there was a whole lot of animals in it." Questioned, she returned all sorts of nonsensical replies. When this is a child's reaction to questions it is wise to stop and wait. Sure enough, in a moment she turned to her grandmother and said: "Last night I dreamed of Noah's ark, and there was a whole lot of animals in it." Another pause, and she began for the third time: "Last night I dreamed of Noah's ark, and there was a whole lot of animals in it, and on the bottom there was a cover and it opened and all the animals fell out."

To one who knows the language of fantasy this little dream shows that the story of birth from the mouth or chest is not holding water. She begins unconsciously to apprehend the truth. Several weeks later she told another dream. "I dreamed of father and mother and they stayed up a long time in the library and us children were with them." Superficially this is a well-known wish of children, to be allowed to remain up as long as their parents. This is fulfilled in her dream and cloaks a more important wish to be with the parents in the evening when they are alone.

Not long after, Anna had a fear dream from which she awoke screaming: "The earthquake is coming, the house is trembling." Her mother quieted her, begging her to be still as everyone else in the house was asleep. She said in an intense tone: "I want to see the spring with all the flowers coming out. The whole meadow is full of flowers. I want to see Fritz now. He has such a dear face. What is father doing? What does he say?" Her mother told her he was asleep and so was not saying anything. She smiled and said: "Oh well, he will probably be sick again tomorrow."

Jung sees in this dream, which he reads backward, the formulation of Anna's problem. If father has not got a child, and only mother has children, what does father have to do with it? She would like to see how Fritz came into the world. She would like to see the flowers as they come out in the springtime. And all these wishes are cloaked

by fear of the earthquake. She slept quietly until morning, and when her mother asked her what was the matter with her in the night, she had forgotten her nightmare, and answered "I dreamed I could make summer, and then somebody threw a clown down a toilet."

This strange dream has really two scenes separated by "and then." When there are several scenes in a dream they are usually a rearrangement of the one complex. The second part of Anna's dream draws its material from a recent wish to own a male doll. Somebody threw a clown into the toilet just as one uses the toilet, and just so do children come out. This is analogous to Freud's "Little Hans" theory of the "lumph." The first part is a variant of the same fundamental idea, *i. e.*, she could make summer, she could make the flowers come out, she could make a child herself. And the second part tells how she conceives children to be born.

One day a woman who was pregnant came to see Anna's mother. The children played in the room without showing the slightest interest in the visitor. But the next day they played a new game. They stuffed all the newspapers from their father's wastepaper basket under their dresses in front and then paraded around the room, laughing but not saying a word. That night Anna had another dream. "I dreamed of a woman in the city and she had a very big tummy." Now as we know that the chief actor in a dream is the dreamer himself, the interpretation of this dream gives the key to the new game. Shortly afterward Anna's mother was astonished to see the child put her doll under her skirts and pull it slowly out, head down, and say "See, now its coming out, now its all the way out." A few days later she pointed out a rosebud to her grandmother and said: "Look, the rose is going to have a baby. See, it's quite thick."

One night at supper she asked for an orange and said: "I will swallow it whole and then I will have a baby." This is very reminiscent of those fairy tales wherein childless women swallow fruit or fish or some such thing to become pregnant. This shows how clearly Anna had formulated her problem of how children get into the mother, and how she attempted to solve it by a simile—a form of archaic thinking characteristic of children. Such similes are frequent in fairy tales, which, as Riklin has shown, are the myths of children. Their charm for adults probably owes part of its power to these old theories which are still active in our unconscious. One is stirred by a peculiarly "homely" sense when a reminiscence of our youth rises to consciousness in a feeling, even though we cannot recall the idea with which it is associated.

So Anna's idea was that, since only what one eats gets into the body, her mother had probably eaten something, like fruit, which had then grown. But this left unexplained the father's part in the process. It is an old short cut of our mental processes when we have two unknown factors to include the first in the clearing up of the second. One morn-

ing Anna ran into her parents bedroom when they were dressing, jumped into her father's bed, lay face downward and kicked, saying: "This is the way father does it, isn't it?" The parents ignored the question, not understanding its significance. The analogy to the horse of "Little Hans," "der Krawallmacht," is remarkable.

Five months later the family went into the country where they had opportunity to bathe in a near-by lake. Anna was afraid to go into the water further than up to her knees and when her father sought to sit her down in it she screamed and declared he wanted to drown her. Not long after, she was in the garden and refused to move out of the way of the gardener, whereupon he jokingly put her in a newly dug hole. She cried with fright, saying that the gardener wanted to bury her. One night she awoke crying with terror and when her mother ran to her she was told that "the railroad train just passed by over me and it has fallen down." These incidents show that fear has again returned; it is a resistance to her love for her parents, which is being converted into fear. This time, presumably, her distrust is directed against her father, because he has the information she so much wants. This knowledge is a secret and is confused in her consciousness with fear and results in her attitude that one must guard against men hurting one. Her attitude, otherwise, toward her father is best described as tender curiosity.

At this time the children played hospital, calling the two largest dolls grandmothers. The "grandmothers" were left out all night in the hospital, which was the summer-house. As the grandmother in all probability represented the mother, this shows Anna's first attempt to get rid of her. This interpretation is strengthened by an incident in which her mother again gives occasion for distrust. Anna had helped the gardener plant grass seed, and watched the new grass sprout with pleasure. She ran to her mother asking "Tell me, how do eyes grow into the head?" Her mother said she did not know. Anna asked if God knew, and her father, and why they knew. Her mother told her to ask her father. She had an early opportunity after tea when every one but herself and her father had left the room. Then she asked: "Father, how do eyes grow into the head?"

"They don't grow into the head. They are there from the beginning and grow with the head."

"Weren't they planted?"

"No, they grow with the head just as the nose does."

"Did the mouth and ears grow like that, too? And the hair?"

"Yes, they all grow in that way."

"The hairs, too? Little mice are quite naked. Where are their hairs? Weren't there seeds planted?"

"No, hairs come out of little kernels just like seeds and they are in the skin, but nobody planted them."

Here her father began to be troubled for he saw the drift of her ques-

tions and wanted to use the tactfully introduced seed theory, but he did not want, because of its false application in this one case, to overthrow it, especially as the child spoke with unusual seriousness, which forced his consideration. Anna, sadly disappointed, asked: "But how did Fritz get into mother? Who put him there? And how did he get out?"

From this storm of suddenly liberated questions her father chose to answer the last. "Now think. You know that Fritz is a boy, and from boys we get men. From girls we get women. And only women can have children. Now think. Where do you suppose Fritz came out?"

Anna's face suddenly cleared up and she pointed to her genitals.

"Why certainly, you must have thought of that before."

"But how did he get into mother? Was he planted? Did one sow seeds for him?"

Finding it impossible to evade these direct questions, he explained, while she listened attentively, that the mother is like the ground, the father like the gardener. The father gives the seeds and they grow in the mother and so a child is born. This satisfied her entirely. She ran straight to her mother and told her "Father has explained everything Now I know it all." But she did not tell what she knew.

Next day, however, she went again to her mother and said "What do you think, mother? Father told me how Fritz was an angel in heaven and the stork brought him down." Naturally her mother was astounded and replied "Father surely did not tell you that." But Anna only ran away laughing. There is no question but that revenge was the motive for this. The mother who does not, or will not, know how eyes get into the head, may not know how Fritz got into her. Maybe one can tell her the old stork-and-angel story. Maybe she will believe it.

Her attitude towards her father became more intimate from this time. But he was somewhat apprehensive as to what use a four-and-a-half-year old child might make of a fact which most parents treat as a secret. She could become the *enfant terrible* to her playmates and to the grown-ups around her. But these apprehensions were groundless. Anna did not betray her knowledge by a single word.

But that the problem was not entirely solved was shown by a dream a few weeks later. She dreamed that she was in the garden and some gardeners were urinating against the trees. Among them was her father. Here was an intimation of the answer to her query: "How does father do it?"

The above are the more important of Jung's observations in this article. At the time it was written Anna was five years old and already knew quite a number of the salient sexual facts. Neither in her morals nor her character was the least injury observed as a result of this knowledge, inversely its therapeutic effect was excellent.

Jung closes with the following: "I am not of those who believe in the sexual-hygiene education of children in schools, nor of any other

mechanical wholesale education. Therefore I am not in a position to give positive and general advice which would be of value. I can only point out my own conclusion drawn from this material, and that is that one should observe children more closely as they really are, not as we would like them to be, or fancy they are. One should follow in their education the lines of development which nature indicates, not dead rules. If this principle is to be more than a phrase there is only one way of following it, and that is by psychoanalysis. What is possible for it to do is clear to any who have followed this short way along the path of development of a child's mind."

3. *A Case of Multiple Perversion and Hysterical Episodes.*—The patient, a Danish duke, thirty-two years of age, was referred by Freud to Sadger, having been sent to the former by his physician with a letter, part of which I quote:

"The patient is an archeologist and has done considerable noteworthy work. He comes from a badly degenerate family. His parents of a melancholy, pessimistic temperament, tend to have unmotivated financial fears.

"The patient has always been irritable, shy and timid, with occasional attacks of rage, when he completely lost control of himself, becoming black in the face and finally unconscious. Later he showed an aversion to even small amounts of alcohol and indulging in it would go into an atypical condition of drunkenness with automatic acts, twilight conditions and amnesia. Once while a candidate for an officer's commission he had an attack of unconsciousness.

"At present he has frequent irritable, melancholy moods, which are of short duration. However he always had a taste for the vulgar and ordinary, associating with all sorts of suspicious persons, and has been accustomed to give his admiration in the most uncritical manner to certain types of individuals. In his scientific work, on the other hand, he is original and critical.

"He always had an abhorrence of homosexuality, never being able to tolerate association with people of that type. Although men possessed for him a certain attraction, female figures have never appeared beautiful to him. His sexuality was marked; for the last two years he has been married to a former prostitute. His own homosexual tendencies have always been but dimly conscious until a few weeks ago when he fell in love with a young waiter, a very ordinary person. He had arranged to travel with him to Ostend and never return.

"When he consulted me, he lied, and would not tell me the name of his lover, which however was given me by his wife. In spite of her antecedents this woman seems to have had a good influence upon the patient. She is a woman of strong personality and good instincts. I am sending the man to you in the hope of averting a catastrophe."

From the psychiatrist who sends this report, primary emphasis was

laid upon the degeneracy and epilepsy while the homosexuality was considered secondary. The psychoanalysis of this case was carried on for only five months, although Sadger had advised two years. Even so the results were such as to plainly indicate that the undoubted degeneracy was not the factor that caused the patient his great difficulties, but rather that they were caused by the maladjustment in his sexual life. In addition to homosexuality there persisted many of the sexual perversions which, for the child, are normal, but for the adult abnormal. Especially the epilepsy was shown to have a sexual significance and by the realization of this, the patient was completely cured of it.

For the first ten years of his life he was brought up on the estate of his parents. At ten he was sent to the city and while living with his uncle went to a Gymnasium. At eighteen he entered military service, which he had to stop after three and a half months because of a fictitious meningitis. His uncle having directed his interests to the study of costumes and armory he now began to work in the collection of arms and weapons in the museum. Later he attended the university, where he studied the history of art and civilization. In the first year of his university life he drank and gambled a great deal, during which his inability to carry alcohol showed itself in a twilight condition resulting at times in a complete loss of consciousness.

After this tempestuous year he began to work in the museum again, studied hard and took part in political life, where he naturally became a radical. This brought about the first apparent conflict with his father. At the same time he received an invitation to court which his father earnestly desired him to accept, but because of his political views he declined it. This led to a break with his father. He remained in the university until he was twenty-seven years old and then took a position as curator of the collection of arms and weapons in the museum. About this time he was seeing his parents only twice a year. When he was thirty there was a complete break with them, for at that time he began to keep house with a prostitute. His parents' only demand was that he marry her in order that the family might be united again, but this he refused to do.

During all this time his homosexual tendencies had been satisfied only in a platonic way. Shortly before his arrival in Vienna the aforementioned infatuation for the waiter had occurred. Before he was able to carry out his plan of an elopement with him, however, his insight into what he was doing, in addition to the opposition which his actions had aroused in his wife, caused him to visit the psychiatrist, who thereupon sent him to Freud.

In addition to the symptoms of degeneracy, inability to carry alcohol, pseudo-epileptic attacks and homosexuality, the patient showed a wide variety of sexual perversions. The chief of these were various manifestations of auto-eroticism such as masturbation, narcissism, attempts

actual and by fantasy to have intercourse with himself per rectum, an overwhelming sexual curiosity and a most violent anal eroticism; also a love of statues, sadistic and masochistic tendencies such as self-flagellation, pyromanic tendencies and a psychic dysuria.

Sadger gives details of the patient's homosexual life, especially its psychic elements. Characteristics of his family are described, more especially those of the mother. Concerning her Sadger says: "In the life of the patient, just as in every case of homosexuality, the decisive factor is not the father but the mother. The son characterizes her as snobbish and bigoted, of little intelligence and of no opinion. She does not read nor seek to develop herself in any way. The patient was her favorite child but in his fifteenth and sixteenth years they grew apart because he felt that she did not understand him. Later he began to hate her, particularly when he understood that she had brought up her children badly. The whole aim of her education seemed to be the repression of evil, never an attempt to promote the good in her children.

"Back of his general accusation was revealed the specific charge that she had failed to instruct him in sexual matters. She had given him a false picture of everything sexual and had gone to such extremes as to teach him that it was wrong even to talk to a girl. At twenty-three he had met two women of different type, both of them his landladies, who not only had educated their children in sexual matters in a sensible way, but had shown him more understanding and given him more courage than his own mother had."

Then follow exhaustive details of her character and of incidents which illustrate her personality. The patient's two sisters are also described, in the course of which we find that at twenty-four he had incestuous desires toward one of them.

Sadger gives an interesting picture of the patient's personal appearance. His face was markedly childish, his hips broad and fat. His father and sisters often remarked that he was a mistake, that he should have been a girl. Once when he dressed as a nun he made a prettier picture than his sisters for he had a finer skin and a smaller mouth than either of them. Enquiry among his relatives revealed the fact that a large number of the male members showed many physical characteristics and psychic traits of the female, and vice versa.

Although the patient showed many homosexual tendencies he was bisexual as was shown by numerous incidents all through his life. Sadger believes that homosexual individuals, without exception, have a precocious and strong sexual instinct which primarily and regularly is not directed toward their own sex, but toward the opposite one and that homosexual tendencies are a later development.

The patient showed a predisposition for depressed moods and extremes of emotion, such as rage—two well-known typical symptoms of degeneracy. Sadger says that there can be no doubt that there must

be congenitally pathological conditions in the brain of such individuals whom we call inferior or degenerate. This is a *conditio sine quâ non*, for a half-way normal person does not become depressed as a result of no sex outlet in four days, as did the patient. But in addition to this congenitally constitutional disposition one will always find that an exciting factor is necessary to make it manifest and Sadger believes that this is frequently a sexual one.

The misdirected and keen upbringing of the patient is shown in the inevitable relation to his early sexual curiosity, habits of masturbation, exhibitionistic tendencies, the analerotic components of his life, and his strange tendency to fall in love with statues.

In discussing the patient's absorbing interest in sexual matters, Sadger says: "In the life of everyone there comes up, sooner or later, usually in childhood, at the latest in adolescence, the question where do babies come from. The first persons to whom we turn in our ignorance are our parents. Now it is unfortunately true that the very fewest of these are either willing or capable of leading their children into this mysterious realm with tact, kindness and tenderness. As a result most children are brushed aside rather crudely, so that they finally go to their friends, or to servants, or to the omniscient encyclopaedia for their knowledge.

"This attitude of the parents is always deplorable. The first result is that it is the most frequent and important cause of estrangement between parents and children. It is very ominous for a child to learn from strangers of the sexual relations of his parents. He feels himself deceived, his trust in them is impaired, he does not believe their unsupported statement in the future, for they have not told him the truth in the most important matter.

"If the child's information on this all-important subject comes from strangers, it usually results in awakening antagonism towards his parents. But the child who has been properly instructed by the mother, loves her with increasing devotion. In the former case all sorts of disgusting thoughts about his parents force themselves upon him. In the latter case he frequently thinks of the pain and suffering his mother bore for his sake at his birth—a thought which surely has the effect of increasing his love and filial piety."

Sadger declares that continual silence, and stern repression of inquiries concerning sexual matters may result, in the girl, in a lifelong sexual anesthesia. It is not infrequent that the analyst hears such girls in later years bitterly complain that at home all reference to sexual matters, even though remote, was forbidden.

If added to this silence on sexual things there be a severe disciplinary attitude toward the girl's habit of masturbation there results severe hysterical phobias, or a permanent sexual anesthesia, or a lifelong and un-

successful conflict against masturbation which may persist even after marriage.

In boys, such silence and repression may result in psychic impotence, with the exception that some of them may be potent with prostitutes; in other cases if constitutionally predisposed, homosexuality may result.

In the case of neurotics where there is a tremendous and unsatisfied love desire, which is at first quite naturally directed toward the parents, it not infrequently happens that in their childhood or adolescent fantasy-life they desire to be actively introduced by their parents into sexual secrets. In fantasy they desire this through or upon the parental body. The mother should free her son from masturbation by giving herself to him. Now as the incest barrier prevents such fantasies and wishes from fulfilment in reality, such children regularly feel themselves too little or not at all loved, although they may be favorite children.

The effects of this thwarting of the learning process Sadger clearly brings out in a great many instances. He shows the deep disillusionment which much instruction from strangers causes, and the resulting feelings of bitterness and anger toward the parents.

Sadger then elaborates his contribution to the theory of homosexuality. He says that a permanent love for one's own sex as a rule becomes manifest at puberty, at times just before this period. The latent homosexual component is made manifest by some decisive event which has removed the mother from her former position of the ideal helper and educator of her children. Such events are, for instance, her death, a severe and critical illness, a financial breakdown followed by a neurosis with its resulting removal of the mother to a sanatorium.

Just to whom the potential homosexualist turns for his love depends upon external factors. Infrequently it is toward the father or older men, most frequently toward comrades of the same age or somewhat older. It is these who now introduce him to his actual love-life, a course which he had hoped from his mother. At the same time there plainly begins to come to the foreground, in addition to his hetero- and homosexual ideals, those of his own person. Sadger places considerable emphasis upon this latter point, and says: "The path to sexuality is always by way of narcissism; in other words, love of one's self." In all of his cases he has found it a necessary stage in the development from auto-eroticism to the later object love. In general, man has two primary sexual objects, and his further life depends upon which he chooses. For the male these two objects are the mother—or whatever woman first stands to him in the relation of mother—and his own person. In order to be normal he must free himself from both, must not remain fixed too long to either of them. It is in attempting to free himself the individual may become inverted, choosing as his new sexual object a model of himself based upon what he is and what he would like to

be. The tragedy of the homosexualist is that he cannot free himself from himself. Far more easily does he lose his mother-bondage, for he can repress that and when he represses his love for his mother, his love for the feminine sex goes with it, and he would seem to say: "If the best of all women, my mother, my own mother, has been of so little help, how can any other woman suffice?"

Summing up Sadger's psycho-analytic researches concerning inversion, which he admits are only true of male homosexualists, he says: "(1) The invert suffers from a revolt against the mother because of the deep disillusionment of his love. He represses his love for her, at the same time identifying himself with her. Quite a number of typical characteristics of homosexuality depend upon this identification, particularly the harmless manifestations of love, and the attempts to instruct and teach the loved object. (2) Homosexuality is reached by way of narcissism, that is, the love of one's self, as one really is or as one would like to be. (3) The sexual ideal of the homosexualist has characteristics of former feminine and masculine sexual objects, but particularly those of the loved ego. (4) A predisposing factor to homosexuality is the growing up of a boy in the company of persons exclusively of the opposite sex. Usually he is an only or a favorite son. (5) The whole tendency toward inversion is furthered by a persisting unconscious obedience to the commands of the mother not to associate with individuals of the opposite sex. He not infrequently found that a mother had very early driven into her children an idea that friendly relations with one of the opposite sex was something not quite right, something that wasn't done. This, sad to relate, leads to a literal obedience, so that the fondness for their own sex is increased."

The pseudo-epileptic condition, the inability to carry alcohol and the resulting twilight conditions are then described in exhaustive detail. He shows that the pseudo-epileptic conditions are nothing but a flight of the patient into sexuality. By this loss of consciousness he makes himself independent of reality; in other words, it seems as though they, like many hysterical attacks, are nothing but substitutes for sexual intercourse. In the case of the Danish duke, Sadger was able to show this in the clearest fashion.

Finally Sadger asks two questions: "What is the theoretical profit that one can get from such a case?" and "What was the practical therapeutic effect on the patient?"

Theoretically, we have the confirmation of well-known factors in the etiology of homosexuality, but in addition Sadger believes that a number of new and important factors have been revealed. This holds true in part of the understanding of the various perversions, such as love of statues, anal character, and the different forms of auto-eroticism, and finally, the relation between degeneracy and sexuality.

Of much more value was the curative effect on the patient. In spite

of the tremendous complexity of the case, and the fact that but a fourth of the time that should have been given to it was possible, the treatment resulted in the complete disappearance of the epileptic attacks, and his homosexuality was considerably lessened. This was manifested during the course of the analysis by his increased love and devotion to his wife, while, hand in hand with this, he lost interest in men. Spontaneous intercourse with his wife was much more frequent, and his former consequent nervousness disappeared.

Probably the most significant fact was that when he came to Vienna with his wife, she was at first very jealous of all young men in uniform. Toward the end of the treatment this jealousy was transferred to members of her own sex.

When one remembers the extraordinary intuition that women have for all affairs of the heart, it would seem as though these phenomena were strong evidence of the success of the treatment. Interesting too, is the patient's remark when for the first time upon his return to his home he met the waiter. "My, but he has changed. He has grown thinner. In fact he looks as if he were humpbacked." Of course it is possible that the waiter may have become thinner, but that he should have acquired scoliosis is highly improbable. He probably was all of these things, but love is as blind in the homosexualist as in the average individual.

The patient himself wrote: "There is no doubt but that I am much better. My wife tells me I am changed. I myself notice that in my relations with other people I show more understanding and judgment, for sexual sympathy plays in these relations a great part."

4. *Analytic Investigation of the Psychology of Hate and Reconciliation.*—Pfister, who is the first to use the facts acquired by, and the methods of psychoanalysis in the domain of secular and religious education, shows in this paper its application to one of the many problems that he is called upon to solve. He says: "Psychoanalysis has made itself an indispensable principle of research in a number of the sciences. In addition to neurology, it has entered the fields of psychology, criminology, ethics, investigation into myths and fairy tales, pedagogy and theology.

"The following is an excursion into the realm of ethics. Naturally it is not yet possible to throw the light of this newly won heuristic method upon the fundamental questions of ethics, but that this method will be of value in determining the principles of moral philosophy is without doubt. In the monotheistic or dualistic principles of moral philosophy one can no longer ignore the discoveries of Sigmund Freud. Should ethics impose a standard of duty, or of moral ideal for the race, or, on the other hand, point to the right and necessity of each to work out his own salvation along the path of individualism—in whatever way attainment towards ideals is viewed, an exact mastery of the

facts which psychoanalysis has won is essential to the practical solution of the problem.

"As a preliminary, a knowledge of modern ethics must be gained by attention to an inductive examination of morality as it really is, as a science of norms. The stage when "pure reason" sought to construct the laws of morality is past. Even now the general questions concerning the manifestations, the conditions and laws of moral action are, as Lipps in his *Die ethischen Grundfragen* has shown, being determined by psychological facts. In the same way the speculative or metaphysical ethics of a Wundt depend upon the empirical method just as certainly as does the moral philosophy of welfare.

"The psychological investigation of ethical phenomena falls into the domain of ethics, not only because of its object but also because it is frequently inseparable from its process of estimating, weighing. For instance, the concept of penance depends upon the need of penance, which in its turn depends upon facts which have become unconscious through repression. In the analytic treatment of penance the desire for it disappears under certain conditions to make room for other concepts of consciousness, just as the discovery of unconscious causes puts an end to the tortured state of mind in an anxiety neurosis and introduces a new state of mind. In other cases it needs but a step in psychological work to lead to a solution of ethical problems."

Pfister would deny the perusal of his paper to anyone who has not studied Freud's *Interpretation of Dreams* and who has not learned of the laws of the subconscious fantasy-life by having done a number of analyses. In order to illustrate his conclusions he reports the case of a fourteen-year-old boy, Max, who was his pupil from 1905 to the time of the treatments in November, 1908. During that time he proved an intelligent pupil. His brother Arno had been analytically treated by Pfister the latter having gained thereby an insight into the strained relations existing between nearly all of the members of the family. Whenever Max got into difficulties with his brother he was clever enough to impress Pfister with his own innocence to such an extent that the latter believed him to be a peace-loving boy whose only fault was a little lack of will power. Pfister's numerous and earnest admonitions to Max to treat his mentally ill brother with consideration had no effect, even though Max did not lack the inclination and resolution towards good conduct. Finally he came to Pfister and told him that Arno had been completely transformed and asked that the new method be given to him also.

The first session revealed that Max often felt an evil inner compulsion which prevented him from being as good as he would like to be. He confessed that since his fourth or fifth year he had been guilty of numerous dishonorable acts. When he was thirteen he had been taught masturbation by a schoolmate. Since then he had suffered greatly from

remorse and reproach for his dishonesty and cruelty. He described his father as good natured and soft hearted; his mother as nervous, small minded, fault finding and irritable. He claimed to be very fond of Arno, wishing to be good friends with him. He dreamed often of the death of his mother or brother. He wished to be on better terms with his mother. When she scolded him he gave vent to his rage, not in her presence but later when he was alone, in the most violent cursing. In speaking of himself he mentioned above all his soft heart. The sight of a poor person affected him very much. He had a certain fear of death together with a well-marked desire for death.

In the second session he said that he had not masturbated for the last month and as a result felt better and could think more clearly. He also made some progress in learning to keep his temper when his brother called him names. Pfister felt sure there had been many fights between these two, a surmise Max verified as having happened frequently in the last two and a half years. As usual he gave the impression that he had always been the innocent one in these affairs.

After Max's conscious material was exhausted, Pfister made use of Jung's method of word association, but that soon gave way to Jung and Stekel's method of free association. As a result of this method Max produced a long series of fantasies which served to satisfy his repressed and sadistic tendencies toward the hated, but fundamentally loved, people about him. With marvellous persistence he produced pictures, terrible in their content, as witnesses of his repressed desires. Although there were no well-marked sexual threads in these fantasies, Pfister did not doubt that they existed. For in any case the origin and manifestation of hate must be tremendously influenced by sexuality, and in considering the psychology of hate one must ask "How did these fantasy-pictures originate?"

(To be continued)

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